PARENTING PLUS
Child + Family Counseling

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# COUPLE INFORMATION FORM

## Partner (1)

Name _____ Birth date _____

race/ethnicity _____ Occupation _____ Level of education _____

Email address _____

Address _____ Street _____ City _____ Zip code _____

Cell phone _____ Work phone _____ Home phone _____

May I use my name when calling? ☐ Yes ☐ No

What is the concern(s) that led you to seek therapy?

_____

_____

_____

## Partner (2)

Name _____ Birth date _____

race/ethnicity _____ Occupation _____ Level of education _____

Email address _____

Address _____ Street _____ city _____ Zip code _____

Cell phone _____ Work phone _____ Home phone _____

May I use my name when calling? ☐ Yes ☐ No

What is the concern(s) that led you to seek therapy?

_____

_____

_____

Children (if applicable)

| Name of child | age | Grade | School |
|---|---|---|---|
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Please feel free to include any other information that you believe is relevant to your mental health treatment, not previously requested.