

Lakewood Counseling Services Couple Intake Information

Name: _____ DOB: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Telephone/Cell: _____ SSN: _____

E-mail: _____ Employer/School: _____

Name: _____ DOB: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Telephone/Cell: _____ SSN: _____

E-mail: _____ Employer: _____

married committed relationship other: _____

Years together: _____

Children, if any:

_____ age: _____ _____ age: _____

_____ age: _____ _____ age: _____

Emergency Contact: _____ Phone: _____

Reason for Appointment: