



Rodgers Christian Counseling



RCCA Couples Intake Form

RCCA Therapist Name _____

Client's Names _____ Today's Date _____

How did you find out about RCCA? (Referral Source)

His Information:

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Work _____ Which of these is the best way to reach you? _____

Email Address (s): _____

May we send you emails Y/N Mail Y/N for upcoming workshops, groups, classes and webinars?

Date of Birth: _____ Married? _____ Anniversary: _____

Previous marriages? _____ How Many? _____ How long were their duration? _____

Do you have any siblings? _____ If so, how many? _____ Where are you in the birth order? _____

Is your family part of your support system? _____ Do they live in the local area? _____

Please give the following information for each person that currently lives in your home, ***including yourself***

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please also list any other people in your immediate family who may not be living in your house:

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal and Medical Information:

Are you currently taking any prescription medications? _____ Name of Medication _____

List any past or present medical issues: _____

List any secondary issues, (sleeplessness, panic attacks, phobias) : _____

Note any significant events occurring at this time (job loss, death in family, financial trouble): _____

List any emotional issues that are present (anger, anxiety, moodiness) : _____

Have you had thoughts of harming yourself or ending your life ? _____

Family History (please include yourself in this and specify whom it is in your family):

Alcoholism/Drug Abuse: _____

Depression, Manic/Depression, Schizophrenia: _____

Other mental illness: _____

Emotional, verbal, physical, sexual abuse: _____

Other significant childhood traumas: _____

Back Ground Information:

Do you currently attend church? _____ What is your role in church? _____

Which church do you attend? _____

Occupation? _____

Have you ever seen a therapist before? _____

Was it helpful and how? _____

What brings you here today? _____

Her Information:

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Work _____ Which of these is the best way to reach you? _____

Email Address (s): _____

May we send you emails Y/N Mail Y/N for upcoming workshops, groups, classes and webinars?

Date of Birth: _____ Married? _____ Anniversary: _____

Previous marriages? _____ How Many? _____ How long were their duration? _____

Do you have any siblings? _____ If so, how many? _____ Where are you in the birth order? _____

Is your family part of your support system? _____ Do they live in the local area? _____

Please give the following information for each person that currently lives in your home, ***including yourself***

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please also list any other people in your immediate family who may not be living in your house:

Name	Age	Relationship to Self
_____	_____	_____

Personal and Medical Information:

Are you currently taking any prescription medications? _____ Name of Medication _____

List any past or present medical issues: _____

List any secondary issues, (sleeplessness, panic attacks, phobias) : _____

Note any significant events occurring at this time (job loss, death in family, financial trouble): _____

List any emotional issues that are present (anger, anxiety, moodiness) : _____

Have you had thoughts of harming yourself or ending your life ? _____

Family History (please include yourself in this and specify whom it is in your family):

Alcoholism/Drug Abuse: _____

Depression, Manic/Depression, Schizophrenia: _____

Other mental illness: _____

Emotional, verbal, physical, sexual abuse: _____

Other significant childhood traumas: _____

Back Ground Information:

Do you currently attend church? _____ What is your role in church? _____

Which church do you attend? _____

Occupation? _____

Have you ever seen a therapist before? _____

Was it helpful and how ? _____

What brings you here today? _____