

Child & Family Guidance Center of Texoma
CLIENT HISTORY FORM---Couples

Name: _____ Social Security #: _____

Birth Date: _____ Age: _____

Spouses Name: _____ Social Security #: _____

Birth Date: _____ Age _____

MARITAL HISTORY

A. Date of marriage: _____

B. Currently in process of separation or divorce? Please specify _____.

C. Length of time apart _____.

D. Names and ages of children:

1. _____

2. _____

3. _____

4. _____

5. _____

E. Previous marriages and/or relationships:

1. _____

2. _____

3. _____

4. _____

F. CURRENT MARITAL CONCERN: Please describe in your own words.

What reason(s) have you given your children for the current problems?

G. What are the strengths of your spouse/partner?

H. Have you ever been physically, sexually, or emotionally abused? ___ Yes ___ No If yes, please describe

I. Describe any concerns regarding sexual or emotional intimacy with your spouse/partner?

J. How committed are you to making your marriage/relationship work?

K. What changes are you willing to make for the sake of your marriage?

L. What one change do you most wish that your spouse/partner would make?

M. Please list any information that you believe will be helpful for your therapist to know.
