

Kelly Arthur, MS, NCC, LPC, LMFT Intern, CADCI

Kelly Arthur Services
6124 SE Milwaukie Ave, Suite 201
Portland, OR 97202
503.752.5168
kelly@kellyarthurservices.com

Intake Form for Couples Counseling

Please print both pages of this form, fill out the information as completely and accurately as possible, and bring it to your first couples counseling session. Having this information will enable us to make the most constructive use of our therapy time together. Thank you!

First Partner's Info

Second Partner's Info

Legal Name: _____

Legal Name: _____

Preferred Name: _____

Preferred Name: _____

Age: _____

Age: _____

Gender Identity: _____

Gender Identity: _____

Ethnic Identity: _____

Ethnic Identity: _____

Phone Number: _____

Phone Number: _____

Address: _____

Address (if different): _____

Occupation: _____

Occupation: _____

Couple Relationship Status: _____

Number and Ages of Children Together: _____

Children from Previous Relationships: _____

Are there any current legal or custody issues? If so, please describe. _____

How did you hear about Kelly Arthur Services? _____

What are you hoping to address in couples counseling? _____

Have you ever done couples or individual counseling? If so, please describe. _____

Do either of you have a history of self-harming acts or suicidal thoughts? If so, please describe.

Are there any current or past medical or mental health issues you think I should know about?

What substances do you each currently use, and how much/often do you use each substance?

What prescribed or over-the-counter medications do you each currently take, and what dosage?
