

JESSICA ANNE DEEB, LCSW, LLC

COUPLES INTAKE PAPERWORK

Name:

What issues do you wish to work on in counseling?

Which issue is the most important to you?

What is it that happened that lead to you actually make the call for an appointment versus working things out at home?

Jessica Anne Deeb, LCSW

Date

JESSICA ANNE DEEB, LCSW, LLC

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Name:

Brief history of relationship: first meeting, first date, decision to live or not live together, etc

Describe positive features of the relationship and/or your partner?

What are two or three things you expect from your partner? What must you get from him/her to be happy?

Jessica Anne Deeb, LCSW

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Name:

What are one or two things about yourself would you like to change or think you need to change?

What characteristics of your partner do you have a hard time dealing with? How do you cope with those?

How do you argue? How do you make up?

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Name:

What value do you place on spirituality in your relationship?

What activities do you participate in alone, without your partner? How important are these activities to you?

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Name:

Describe your lives in five years. What goals will you have achieved personally, educationally, spiritually, economically?

Anything else?

Jessica Anne Deeb, LCSW

Date