

## Couples Counseling Initial Intake Form

Please note that while you will be asked to talk about your answers in sessions, your partner will not be shown this form.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ May I leave a message? Y / N Age: \_\_\_\_\_

Do you have a religious or spiritual preference? Y / N

If yes please explain: \_\_\_\_\_

Is it acceptable to email you? If so, what is your email address?

\_\_\_\_\_

Relationship Status: (check all that apply)

- Married       Living Together       Divorced  
 Separated       Living Apart       Dating

What do you hope to accomplish through counseling?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you already done to deal with the difficulties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your biggest strengths as a couple?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship. (Circle one)

1      2      3      4      5      6      7      8      9      10

(extremely happy)

(extremely unhappy)

Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does:

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Have you received prior couples counseling related to any of the above problems?  Yes  No

If yes, with whom: \_\_\_\_\_

Where: \_\_\_\_\_ Length of treatment \_\_\_\_\_

Outcome: \_\_\_\_\_

Have either of you been in individual counseling before?  Yes  No

If so, give a brief summary of concerns you addressed:

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Do either of you drink alcohol or take drugs to intoxication?  Yes  No

If yes for either, who, how often and what drugs or alcohol?

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Do you ever wish your partner would cut back on his/her drinking or drug use?  Yes  No

Have either of you struck, physically restrained, used violence against or injured the other person?

Yes  No

If yes, who, how often and what happened?

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Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?  Yes  No

If yes, who?  Me  Partner  Both of us

If married, have either you or your partner consulted with a lawyer about divorce?

Yes  No If yes, who?  Me  Partner  Both of us

Do you perceive that either you or your partner has withdrawn from the relationship?  Yes  No

If yes, who?  Me  Partner  Both of us

How enjoyable is your sexual relationship? (Circle one)

1      2      3      4      5      6      7      8      9      10

(extremely unpleasant)

(extremely pleasant)

How satisfied are you with the frequency of your sexual relations? (Circle one)

1      2      3      4      5      6      7      8      9      10

(extremely unpleasant)

(extremely pleasant)

What is your current level of stress overall? (Circle one)

1      2      3      4      5      6      7      8      9      10

(no stress)

(high stress)

What is your current level of stress in the relationship? (Circle one)

1      2      3      4      5      6      7      8      9      10

(no stress)

(high stress)

Rank the order of the top three concerns you have in your relationship with your partner (1 being the most problematic)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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# Disclosure Statement

Janean Byrne, MS, LMHC

Training and professional background:

Janean Byrne earned her master's degree at Hodges University. She is a Licensed Mental Health Counselor in the state of Florida #MH15525. Janean's clinical experience and Interest has been working with Women and Women's Issues, Men's issues, Children and Couples. In Therapy, her focus has been on Anxiety, Depression, Post-Traumatic Stress Disorder, Codependency, Relationships, Self-Esteem, Boundaries, Focus Concerns, Grief and Self-Confidence, as well as many other hindrances that inhibit us from reaching our best potential and enjoying life. She specializes in relationship concerns, anxiety, grief, depression and focus concerns. She believes in taking a holistic approach to therapy, while considering an individual's health, sleep patterns, spirituality, relationship dynamics, etc.

The rights of clients in counseling:

It is appropriate for clients to raise questions about the counselor, the therapeutic approach, the progress of the therapy and the cost. As informed consumers, it is the client's responsibility to choose the counselor and counseling modality which best suits their needs. Clients have the right to request a change in counseling approach, referral to another counselor or termination at any time.

Janean Byrne is bound by the ethical codes of her respective professional organizations, by the laws of the State of Florida, as well as by agency policy regarding the special nature of the therapist-client relationship. It is expected that the counselor will continue to be aware of the influential position they hold in the relationship with clients, using this influence in a constructive way. If a client thinks his/her counselor is not meeting this ethical responsibility, he/she is strongly encouraged to address this with the counselor.

Confidentiality:

Counseling sessions are held in strict confidence. It is the client, not the therapist, who determines whether information may be released to persons outside of this office, and only then, with a release signed by the client. The counselor may be required to break confidentiality in life-threatening situations where the client poses a clear and present danger to self or others or is unable to provide minimum life sustaining self-care. In these situations, the counselor is required to take steps necessary to secure the safety of the client or others.

Partner 1 signature \_\_\_\_\_ Date \_\_\_\_\_

Partner 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Mental Health Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

# Serenity Counseling Center

## Patient Treatment Agreement

Welcome to Serenity Counseling Center. We would like to ensure you that you will receive the best possible care from our professional staff.

**Payment:** Due at the time that the service is provided. We accept credit or debit cards. A 3% fee will be applied to credit or debit transactions. The fee for a 50-minute session is \$120.00. As a client, you are agreeing to pay \$120 at the end of each session.

**Cancelations:** If you are unable to keep your scheduled appointment, you must notify your counselor 24 hours prior to your appointment or you will be charged a \$80.00 cancellation fee. You are giving Serenity Counseling Center permission to contact you via phone call, text or email concerning your appointment, case information or other business pertaining to Serenity Counseling Center.

**Legal:** Our counselors are available for in-office depositions at an agreed upon fee. The counselors are not available, nor will appear in court for testimony regarding a case unless arrangements are made outside of and prior to this initial agreement. By signing you agree that this information has been formally conveyed.

“I, the undersigned, agree to treatment by the providers in this office, and furthermore have read and understand the above policies”.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



AUTHORIZATION OF RELEASE/REQUEST FOR MEDICAL INFORMATION

Serenity Counseling Center  
3900 Broadway, Unit B1  
Fort Myers, FL. 33901  
(239) 603-1100

(Your Information)

Client Name \_\_\_\_\_

Client Date of birth \_\_\_\_\_

Request for information- Information is requested from the following:

Release of information- Information to be released to the following:

(Partner's Information)

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Date of consent \_\_\_\_\_

Expiration of consent \_\_\_\_\_

(can enter date up to one year / consent is subject to revocation at any time)

Please check specific information to be released:

Speak to the person listed

Release my records to the person/organization listed

Request my records from the person/organization listed

Write a letter to the person/organization listed

I understand that the information released may contain information regarding psychotherapeutic treatment received by me, and hereby specifically give my permission to release such information. I hereby release the facility from any liability which may arise as a result of the information contained in the records or information released.

Signature of Client/Legal guardian \_\_\_\_\_

Printed name of Client/Legal guardian \_\_\_\_\_

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