Couples Intake
Pat Spencer, LCSW

Both members of the couple are asked to print and individually complete this form. Please bring both forms to the initial session.

Name: _____ Date: _____

Date of birth: _____

Home address: _____

City/State/Zip Code: _____

Day phone: _____ May I contact you at this phone? (please circle) Yes No
May I leave a voicemail at this phone number (please circle) Yes No

Evening phone: _____ May I contact you at this phone? (please circle) Yes No
May I leave a voicemail at this phone number (please circle) Yes No

Cell Phone: _____ May I contact you at this phone? (please circle) Yes No
May I leave a voicemail at this phone number (please circle) Yes No

Emergency Contact Name: _____ Phone: _____

Physician: _____

Medications you are currently taking: _____

Occupation: _____

Children: _____

Pets: _____

Referred by: _____

Briefly state problem or issue that motivated the call to my office: _____

Your goals for counseling: _____

Pat.lcsw01@gmail.com 732-354-2590

Previous or present counseling/treatment (when, who, why, where?) _____

_____

Anything else you think I should know? _____

_____

Do you feel that you need an individual session with me? _____

On a scale of 1-10 with 10 being completely committed, how committed are you to healing or strengthening your relationship?

Comments: _____

_____

_____

Imago Therapy helps couples understand the dynamic in the relationship and teaches you how to turn conflicts into connections using a dialogical process. I will be teaching you this dialogue and you can expect it will not be easy at first, simply because it is new. Like any new skill, baby steps are awkward until you get the hang of it. If it was easy you would have already done it. I want to assure you that learning this skill is well with the difficulty you may encounter on the learning curve.

My goal is to eliminate negativity in your relationship, restore passionate aliveness and live a shared conscious, committed, loving relationship.

I look forward to working with you.

Pat Spencer, LCSW

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Financial/Cancellation Policies

My fees are $150 per 50 minute clinical hour and $240 for a 80 minute session. I accept cash, check, Visa, Master Card, American Express and Discover. If you must cancel an appointment for any reason, please provide a 24 hour notice. Except in cases of emergency full fee will be charged if less than 24 hours notice is provided or if you no-show. Please initial to indicate your understanding of these policies.

X _____

Confidentiality:
Information discussed in therapy is confidential. I am legally and ethically bound to protect this confidentiality. You may waive your confidentiality by signing a release of information to speak with others. If I receive a court order or subpoena I will review it with an attorney prior to determining, what if any, information can be released.

I am legally obligated to report incidents of child and elder abuse; and when there is an imminient threat of danger to self or others.

Attached is a separate handout regarding HIPAA privacy issues. Please read and indicate your understanding of all information provided by your signature below.

X _____ Date: _____