



THE SIBLEY GROUP

*Positive psychotherapy for families, couples & adults*

**Couple Information/History Form**

Client(s) Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Ages: \_\_\_\_\_

What is your main concern and area of focus at this time for counseling? \_\_\_\_\_

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What would you like to achieve during your sessions? \_\_\_\_\_

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**Please complete one section per partner:**

1. Where were you born and raised? \_\_\_\_\_

2. What were your experiences growing up (i.e. grades, interests, peers, problems)

Elementary school \_\_\_\_\_

Middle school \_\_\_\_\_

High school \_\_\_\_\_

College/Graduate \_\_\_\_\_

3. What are your family relationships like currently?

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

Other Extended Family: \_\_\_\_\_

4. What is your occupation and work history?

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5. What are your hobbies and interests?

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6. What is your experience with dating, marriage, and/or divorce and remarriage?

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7. What have been your experiences with alcohol/drugs, loss, or trauma?

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8. What do you consider your strengths?

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9. What do you consider your challenges?

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10. Please describe any relevant health concerns or medications:

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11. Please list any past experiences with counseling or psychological/psychiatric treatment including medications or services:

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12. Please circle the concerns, behaviors and/or positive traits that fit most for you:

Affectionate	Hard-working	Perfectionist
Concern for others	Cries easily	sensitive
Mature	Helpful	Procrastinates
Moody	Avoids	Obedient
Work problems	Nightmares	Fearful
Sleep problems	Works too much	Anxious
Lying	Independent	Friendly, social
Eating problems	Difficulty with rules	Conflicts with parents
Immature/dependent	Drug/alcohol use	Fighting
Inattentive	Angry	Daydreams
Withdraws/isolate	Liked by peers	Successful
Irritable	Legal problems	Complaints of feeling sick
Learning disability	Nervous	Negative
Recent move/change	Responsible	Reliable
Conflict with spouse	Motivated	Fun
Rocking/repetitive movements	Self-harming behaviors	Loyal
Peer conflicts	Temper tantrums/rages	Shy/timid
Sad	Sexual problems/concerns	School avoidance
Teased	Loving	Athletic
Musical	Artistic	Lethargic
Smart	Uncoordinated/accident prone	Tics
Talented	Suicide talk or attempt	Flexible

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

5. What are your hobbies and interests?

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

6. What is your experience with dating, marriage, and/or divorce and remarriage?

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

7. What have been your experiences with alcohol/drugs, loss, or trauma?

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

8. What do you consider your strengths?

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

9. What do you consider your challenges?

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\_\_\_\_\_  
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10. Please describe any relevant health concerns or medications:

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

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

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