



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

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

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

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

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

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

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\_\_\_\_\_

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

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