

**Salt Lake Marital and Family Therapy Clinic**  
**170 South 1000 East #101**  
**Salt Lake City, Utah 84102**

**FOR OFFICE USE ONLY**

THERAPIST: \_\_\_\_\_  
INTAKE DATE: \_\_\_\_\_  
DIAGNOSIS: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

**CLIENT INFORMATION FORM – COUPLES THERAPY**

**Client#1 Information**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Marital Status: Single Married Divorced Separated Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Client#2 Information**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Marital Status: Single Married Divorced Separated Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Referral Source**

How were you referred to us? \_\_\_\_\_

**Presenting Problem**

Reason for seeking therapy? \_\_\_\_\_

**Therapy History – Client #1**

Have you ever received therapy before? \_\_\_ Individual \_\_\_ Couples Was it helpful? \_\_\_\_\_  
Are you currently seeing a psychiatrist? \_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Are you currently taking any psychotropic medication? Please list \_\_\_\_\_

**Therapy History – Client #2**

Have you ever received therapy before? \_\_\_ Individual \_\_\_ Couples Was it helpful? \_\_\_\_\_  
Are you currently seeing a psychiatrist? \_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Are you currently taking any psychotropic medication? Please list \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship to Client \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Contact Information**

By initialing, I agree that the Salt Lake Marital and Family Therapy Clinic may contact me at and leave messages for me at the following phone numbers and/or email addresses:

Client #1 (Initial here) \_\_\_\_\_ (List numbers/email addresses here) \_\_\_\_\_

Client #2 (Initial here) \_\_\_\_\_ (List numbers/email addresses here) \_\_\_\_\_