

# Hélène Bélanger

Licensed Clinical Professional Counselor

## Client Information - Couple

The purpose of this questionnaire is to obtain some information about you so that I can better serve you. Completing this questionnaire as fully and as accurately as you can, will facilitate the effectiveness of your therapy. It is understandable that you may be concerned about what happens to this information about you, because this information is highly personal. As explained in the Informed Consent document, all material in your file is strictly confidential. If you prefer not to answer any question, just write: N/A (No Answer or Not Applicable). If you need extra space, please use the reverse side.

### General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Permission to leave message? \_\_\_Yes \_\_\_No

Email: \_\_\_\_\_

Employer and Occupation: \_\_\_\_\_

### Relationship Status

\_\_\_Single \_\_\_Married \_\_\_Common-Law \_\_\_Separated \_\_\_Divorced \_\_\_Remarried \_\_\_Widowed

If you have a partner: How long have you been together? \_\_\_\_\_

How long have you been living together? \_\_\_\_\_ Age of partner: \_\_\_\_\_

Education and occupation of partner: \_\_\_\_\_

Do you have children? \_\_\_Yes \_\_\_No

If yes, how many live with you? \_\_\_\_\_

Please list your children's names, age and gender: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Medical History

Do you currently have any medical problems that require treatment? \_\_\_Yes \_\_\_No

If yes, please describe the problem and nature of the treatment:

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Are you taking any medication at this time? \_\_\_ Yes \_\_\_ No

If yes, please list (include both prescription & non-prescription medication):

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What other serious medical problems or accidents have you had?

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## Substance Use

How frequently do you use alcohol? \_\_\_\_\_

How much beer, wine or hard liquor do you consume each week? \_\_\_\_\_

Other than alcohol, do you use recreational drugs? \_\_\_ Yes \_\_\_ No

If yes, please list type and frequency:

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Have you ever been criticized for your drinking or drug use? \_\_\_\_\_

Have you ever felt guilty for your alcohol or drug use? \_\_\_\_\_

Have you ever tried to cut down on your use of alcohol or drugs? \_\_\_\_\_

How do drugs and/or alcohol effect you? \_\_\_\_\_

## Comfort and Social Network

Do you have someone with whom you can share personal problems or go to for comfort? \_\_\_ Yes \_\_\_ No

If yes, who is it? \_\_\_\_\_

Did you or do you ever turn to any of these for comfort?

\_\_\_ Alcohol \_\_\_ Drugs \_\_\_ Sex \_\_\_ Pornography \_\_\_ Gambling \_\_\_ Food \_\_\_ Shopping

If yes, please describe:

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## Family History

If you were to choose three adjectives to describe your mother, as you were growing up, what would they be?

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What sort of relationship did you have with your mother growing up? \_\_\_\_\_

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How would you describe the current relationship you have with your mother? \_\_\_\_\_

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If you were to choose three adjectives to describe your father, as you were growing up, what would they be?

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What sort of relationship did you have with your father growing up? \_\_\_\_\_

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How would you describe the current relationship you have with your father? \_\_\_\_\_

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Were your parents openly affectionate? \_\_\_\_\_ Did they fight? \_\_\_\_\_

Were they to resolve arguments and get close again? \_\_\_\_\_

## Other Relationships

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

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Children: \_\_\_\_\_

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Significant Others (step parents/grandparents):

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Who did you go to for comfort as a child? \_\_\_\_\_

Comment on any significant relationships that have been influential in your experience growing up. (Use reverse side if necessary):

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Have you experienced abuse? \_\_\_ Yes \_\_\_ No \_\_\_ Not Sure

If yes, circle what you have experienced: \_\_\_ Physical abuse \_\_\_ Emotional abuse \_\_\_ Sexual abuse

Have you been having suicidal thoughts? \_\_\_ Yes \_\_\_ No

Have you ever attempted suicide before? \_\_\_ Yes \_\_\_ No

Is there any other information you think may help the therapist to better understand you?

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## Expectations for Therapy

What prompted you to seek therapy at this time?

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What changes would you like to make?

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