

CLIENT INFORMATION - COUPLE

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Personal Information - Partner #1

Name: _____ Date: _____

Address: _____

Phone (msgs may be left): _____ E-mail*: _____

Birth Date: _____ Age: _____ Relationship Status: _____

Sex/Gender: _____ Sexual Orientation: _____

Religion/Spirituality: _____ Ethnicity: _____

SSN: _____ Occupation/Employer: _____

Emergency Contact: _____ Phone: _____
(Other than partner)

Medications: _____

Referred by: _____ May I thank her/him? Y N

Personal Information - Partner #2

Name: _____ Date: _____

Address: _____

Phone (msgs may be left): _____ E-mail*: _____

Birth Date: _____ Age: _____ Relationship Status: _____

Sex/Gender: _____ Sexual Orientation: _____

Religion/Spirituality: _____ Ethnicity: _____

SSN: _____ Occupation/Employer: _____

Emergency Contact: _____ Phone: _____
(Other than partner)

Medications: _____

Referred by: _____ May I thank her/him? Y N

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To Be Completed By Partner #1 Name: _____

<u>List 3 qualities you like <i>most</i> about your partner</u>	<u>List 3 qualities you like <i>least</i> about your partner</u>
1.	1.
2.	2.
3.	3.

<u>List 3 things you <i>like</i> doing with your partner</u>	<u>List 3 things you <i>don't like</i> doing with your partner</u>
1.	1.
2.	2.
3.	3.

<u>List 3 <i>strengths</i> your partner brings to the relationship</u>	<u>List 3 <i>strengths</i> you bring to the relationship</u>
1.	1.
2.	2.
3.	3.

Briefly describe any concerns you have about your partner's friendships, work habits, finances, health, coping skills, values, etc.:

List any "red flags" you had early in this relationship (even if they were ignored):

Describe efforts you have made to better your relationship:

Please list your specific goals for couple's therapy at this time:

- 1.
- 2.
- 3.

I, _____, give my written consent to share the information I have provided on this form with my partner, _____, during couple's therapy.

Partner #1 Signature: _____ Date: _____

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To Be Completed By Partner #2 Name: _____

List 3 qualities you like *most* about your partner

- 1.
- 2.
- 3.

List 3 qualities you like *least* about your partner

- 1.
- 2.
- 3.

List 3 things you *like* doing with your partner

- 1.
- 2.
- 3.

List 3 things you *don't like* doing with your partner

- 1.
- 2.
- 3.

List 3 *strengths* your partner brings to the relationship

- 1.
- 2.
- 3.

List 3 strengths you bring to the relationship

- 1.
- 2.
- 3.

Briefly describe any concerns you have about your partner's friendships, work habits, finances, health, coping skills, values, etc.:

List any "red flags" you had early in this relationship (even if they were ignored):

Describe efforts you have made to better your relationship:

Please list your specific goals for couple's therapy at this time:

- 1.
- 2.
- 3.

I, _____, give my written consent to share the information I have provided on this form with my partner, _____, during couple's therapy.

Partner #2 Signature: _____ Date: _____

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<i>Additional Areas of Concern</i>

As a couple, please check next to any of the issues below that are contributing to problems or concerns in your relationship.

Abortion		Financial Troubles		Self-Esteem
Abuse – Emotional		Friendship Problems		Self Injury
Abuse – Physical		Gambling		Sexual Abuse/Assault
Abuse – Verbal		Gender Identity		Sexual Arousal
Adoption		Grief		Sexual Compulsive Behaviors
Alcohol Use/Misuse		Health Concerns		Sexual Desire Differences
Anger		Hostility		Sexual Orientation
Anxiety/Nervousness		Impulsiveness		Sexual Pain or Discomfort
Career concerns		Infidelity/Cheating		Sexual Performance
Childhood issues		Irritability		Shyness
Children/Family Planning		Lacking Love & Affection		Sleep
Concentration		Laziness		Smoking/Tobacco Use
Communication		Legal Matters		Spirituality
Crying		Loneliness		Stress
Debt		Loss of Interest in Activities		Suicidal Thoughts, Plan or Intent
Dependence		Loss of Interest in Sex		Temper Problems
Depression		Mood Swings		Violence or Threats of Violence
Divorce/Separation		Motivation		Weight/Body Image
Domestic Violence		Nightmares		Work Issues
Drug Use/Misuse		Obsessions/Compulsions		Other concerns or issues:
Eating Concerns		Orgasm Issues		
Education/School		Panic or Anxiety Attacks		
Fatigue		Pornography Use		
Fears or Phobias		Relationship Problems		