



of Mooresville

222 Southside Avenue · Mooresville, NC 28115

704-658-0238 · 704-658-0896 FAX

www.CCofMooresville.com

COUPLES INTAKE FORM

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ His Cell: _____

Her Cell: _____ Which of these is the best way to reach you? _____

Email Address: Him: _____

(for newsletter mailing list) Her: _____

Date of Birth (Him): _____ (Her) _____ Married: _____ Anniversary: _____

Previous marriages? Him _____ How Many? _____ If applicable, how long was each marriage? _

Previous marriages? Her _____ How Many? _____ If applicable, how long was each marriage? _

Are your parents divorced? Him _____ How old were you? _____ Her _____ How old were you? _____

Do you have any siblings? Him _____ Her _____ If so, how Many? Him _____ Her _____

Where are you in the birth order? Him _____ Her _____

Please give the following information for each person that currently lives in your home, **including yourself.**

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please also list any other people in your immediate family who may not be living in your house:

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Continued (Couples Intake Form)

Three sets of horizontal lines for writing.

Explain The Issues That Are Bringing You To Couples Counseling

Multiple horizontal lines for explaining issues.

Back Ground Information:

Do you currently attend church? Which church do you attend?

Occupation? Him Her

Are there any adoptions in the family (his/hers)?

Have you ever seen a therapist before for couples counseling? Was it helpful and how?

How did you hear about Christian Counselors of Mooresville?

Horizontal line for additional information.