WELLNESS & RELATIONSHIP COUNSELING
Maureen DeLorenzo, LCSW

COUPLES INFORMATION

In order to give couples counseling the best possible chance, we both agree to be forthcoming and maintain complete confidentiality in regards to what is discussed in conjoint therapy sessions by us or the therapist. We agree NOT to use any part of what is discussed in counseling sessions in any legal action or legal proceeding against each other during treatment or after its termination. (Any exceptions to confidentiality by the therapist are stated in the HIPAA and PHI literature for this practice).

PARTNER #1:

Last Name, First Name, M.I.: _____ _____

DOB (MM/DD/YY): _____ ❍ M ❍ F AGE: _____ SS #: _____

Relationship Status: ❍ Single ❍ Engaged ❍ Married ❍ Divorced ❍ Separated ❍ Widowed

Past Marriages? _____

Local Street Address: (four lines including apartment #, city, state and zip): _____

_____

_____

_____

Cell Phone: _____ Phone: _____ May we contact you via text? ❍ Yes ❍ No

Email Address: _____ _____

Primary Care Physician: _____

Psychiatrist: _____

Current Medical Conditions: _____

Past Medical Conditions: _____

Current Medications: _____

Occupation: _____

Employer: _____ Student ❍ Yes ❍ No

School Attending: _____

Emergency Contact Name: _____ Phone: _____

SIGNATURE (Partner #1) : _____ Today's Date: _____

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COUPLES INFORMATION

PARTNER #2:

Last Name, First Name, M.I.: _____ _____

DOB (MM/DD/YY): _____ ❍ M ❍ F AGE: _____ SS #: _____

Relationship Status: ❍ Single ❍ Engaged ❍ Married ❍ Divorced ❍ Separated ❍ Widowed

Past Marriages? _____

Local Street Address: (four lines including apartment #, city, state and zip) _____

_____

_____

_____

Cell Phone: _____ Phone: _____ May we contact you via text? ❍ Yes ❍ No

Email Address: _____ _____

Primary Care Physician: _____

Psychiatrist: _____

Current Medical Conditions: _____

Past Medical Conditions: _____

Current Medications: _____

Occupation: _____

Employer: _____ Student ❍ Yes ❍ No

School Attending: _____

Emergency Contact Name: _____ Phone: _____

How Did you Hear About Us?_____

Psychotherapy Fees:
$150.00 Individual and/or Couples Session (60 min)
_____ Self -Pay
_____ Self-Pay Fee with Insurance

SIGNATURE (Partner # 2) : _____ Today's Date: _____