

The Buehler Institute
Stephanie Buehler, Psy.D., Director / PSY 17609
800-769-0342

Couples Intake

For record-keeping purposes, please complete this form with the partner who made the appointment acting as “Partner One.” Partner Two is to complete information beginning on page 4.

PARTNER ONE INFORMATION

Partner One Name _____

How would you like to be addressed? _____

Date of Birth: _____ Age: _____ Today’s Date: _____

Address: _____

Primary phone: _____ Alternate phone: _____

Which number should be used for leaving messages? _____

How were you referred to The Institute? _____

Do we have permission to contact the person who referred you? ___ Yes ___ No

Who is your primary physician? _____

May we contact your primary physician for health information? Yes ___ No ___

Please answer the following questions. Your answers are confidential. If you are unsure how to answer or don’t care to put something in writing, it is okay to “skip”. Use the back of the page if needed.

1. What is the concern that has prompted you to seek assistance?

2. Have you sought help for this concern in the past? If so, what worked or did not work?

Name _____

3. If you work outside the home, please describe your current job, e.g. type of work, position, number of years in current job. Also please describe anything unusual in job history, e.g. laid off recently, demoted.

4. Please circle: Single Domestic Partnership Married. Widowed
 Divorced Remarried Number of marriages: _____

5. Do you have children? If so, how many and what are their ages?

6. Is there anything significant about your childhood, e.g. you lost a parent or sibling at a young age, lost home in a fire, parents divorced, parent alcoholic, etc.?

7. Have you ever been emotionally, physically, or sexually abused? ___Yes ___No

8. Have you had a psychiatric hospitalization? If so, when, where, and for what reason, e.g. substance abuse rehabilitation.

9. Have you ever been under the care of a psychiatrist? If so, with whom, when, and for what reason?

10. Have you had psychotherapy in the past? If so, with whom, when, and for what reason?

11. Have you ever made a suicide attempt? Yes _____ Year _____ No _____

Has a relative ever made a suicide attempt or completed a suicide? Yes _____ No _____

Has any relative been diagnosed with a mental illness? If so, who and with what diagnosis?

Name _____

12. Do you drink alcoholic beverages and/or use recreational drugs? Yes ___ No ___

If so, please list type of alcohol or recreational drugs you use, how much, and how frequently, e.g. "Wine, 2 glasses, daily".

13. Have you ever had a head injury or concussion? Yes No

14. Do you experience any of the following? Please circle.

- | | | |
|----------------------|-------------------|------------------------|
| Feelings of sadness | Crying | Lack of energy |
| Keyed up, can't stop | Can't sleep | Overeating |
| Can't eat | Irritable | Worrying too much |
| Can't concentrate | Forgetful | Stressed |
| Feel empty | Injuring yourself | Nightmares, bad dreams |
| Spacing out | Binge eating | Sexual concerns |

16. What current interpersonal problems are you having, e.g. arguing with spouse or not getting along with your boss?

17. Do you have a spiritual practice or religion? If so, please your religion; whether you attend a church, temple or mosque regularly; or anything else important about your beliefs.

18. What is your country of origin? _____

19. Please list any medical problems and medications that you are currently taking.

PARTNER TWO INFORMATION

Partner Two Name _____

How would you like to be addressed? _____

Date of Birth: _____ Age: _____ Today's Date: _____

Address: _____

Primary phone: _____ Alternate phone: _____

Which number should be used for leaving messages? _____

How were you referred to The Institute? _____

Do we have permission to contact the person who referred you? ___ Yes ___ No

Who is your primary physician? _____

May we contact your primary physician for health information? Yes ___ No ___

Please answer the following questions. Your answers are confidential. If you are unsure how to answer or don't care to put something in writing, it is okay to "skip". Use the back of the page if needed.

1. What is the concern that has prompted you to seek assistance?

2. Have you sought help for this concern in the past? If so, what worked or did not work?

Name _____

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18. What is your country of origin? _____

19. Please list any medical problems and medications that you are currently taking.

STEPHANIE BUEHLER, M.P.W., PSY.D., CST.
California Licensed Psychologist 17609
THE BUEHLER INSTITUTE PSYCHOLOGICAL SERVICES, INC.
Phone & Fax: (800) 769-0342

INFORMED CONSENT FOR BOTH PARTNERS

1. Everything you say in psychotherapy is confidential with some exceptions. By law, I am required to report suspected child abuse or neglect and elder abuse and neglect. I must also report instances where it is suspected that you have downloaded or viewed child pornography. If I believe that you are a danger to yourself (suicidal), I am required to contact appropriate authorities to protect you. If I believe you are a danger to others (homicidal), I have a duty to warn others and to contact appropriate authorities to protect others.
2. The following information is entered into the Hoag electronic medical record (EMR) system: Date of service; service code; the number of minutes per session; date of follow-up. This same information will also be included on your superbill receipt. I also enter a diagnosis and case note, which is kept completely confidential and will only be released with your express written permission.
3. If you become in legal proceedings, neither you nor your attorney will request me to testify or disclose your psychotherapy records in order to protect your clinical file. This is because your purpose for seeing me is for psychotherapy and not for forensic purposes. Your record may be released under court order, and in such cases I will consult with my own attorney to ensure that I am doing everything possible to protect your record.
4. In our first 1-3 sessions we will determine if we are a “good fit.” If one of us decides that we are not a good fit, then I can recommend other therapists who may be a better fit for you.
5. **There is a 48-hour cancellation policy.** This is because I am holding an hour just for your express use and I cannot schedule anyone else in your reserved time slot. In addition, please remember that someone else may need the appointment time that you are unable to attend. Missed appointments and late cancellations are charged my full fee and cannot be billed to insurance. Exceptions are made for illness and automobile accidents. Sorry, work does not count as an exception.
6. I can normally be reached only during regular business hours. If you have an emergency, please call 911 or have someone take you to the nearest E.R.
7. I am your friendly therapist, but to protect your confidentiality please do not “friend” me on social media sites. I also do not email or text with patients.
8. You may stop treatment at any time, for any reason. However, it is often advisable to attend a final session to assess the work that has been accomplished, what might be addressed in the future, and to say good-bye.

9. Most people find therapy to have been a very helpful experience. However, you should know that sometimes therapy can cause strong negative feelings or reactions, or may seem to make things worse. If this happens, please let me know so that we can discuss the best course of action for you.

10. For couples therapy, I do not keep secrets if I see you individually. Also, if one of you contacts me between sessions, I will share that fact with the other partner.

11. Sessions are 50 minutes—not one hour. Please understand that I need to write notes, make phone calls, and so on between patients and therefore I will end the session on time.

(Signature)

(Date)

(Signature)

(Date)

(Therapist's Signature)

(Date)