

HART COUNSELING SERVICES, PLLC

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PFLUGERVILLE, TX 78660

(512) 431-4558 PHONE
(512) 777-2982 FAX

IMAGO RELATIONSHIP THERAPY - INTAKE

This intake is to be completed separately by each partner.

Name/Age/Date of Birth

Address

The therapist may mail me information? Yes _____ No _____

Phone Number

The therapist may call me at the number listed? Yes _____ No _____

The therapist may text me at the number listed? Yes _____ No _____

Email

The therapist may email me? Yes _____ No _____

Relationship Status (include length of time): _____

Children (names and ages):

Referred by? _____

If the referral source is another professional, may your therapist thank this person?

Yes _____ No _____

What I would most like to get out of our work together is...

I want to address relational concerns in the following areas:

Communication _____ Emotional Intimacy _____ Physical Intimacy _____ Sexual
Intimacy _____ Finances _____ Growing Apart _____ Affair _____ Empty Nest _____
Substance Use _____ Conflicting Goals _____ Arguing/Fighting _____ Social
Activities _____ Parenting _____ Self-Care _____ Support of each other _____
Other _____

The struggle(s) in our relationship I want you to be aware of include...

How I would summarize my previous individual and/or couple's therapy experience is...

The medications I am taking include (types and reason for medication):

My experience with alcohol and drugs is:

My concern about alcohol and drug use in our relationship is:

The strengths I bring to the relationship include...

The strengths my partner brings to the relationship include...

My areas for growth include...

My partner's areas for growth include...

What I imagine it is like being in a committed relationship with me ...

It's also important for you to know....

Thank you for providing this information. I look forward to meeting with you.