

Lauren Hoyt, LLC

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NEW COUPLE REGISTRATION

Please complete for each partner:

Name of Client _____ **Date** _____

DOB _____ **Email Address:** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Telephone () _____ **Cell** () _____

How may I contact you if need be? **Home** **Cell** **Email** **Other**

List Medications that you are currently taking, the dosage and number of times per day (please include non-prescription or herbal remedies)?

Have you ever considered suicide? _____ **Yes** _____ **No**

If so, when? _____

In case of an emergency, who may I contact (other than your partner/spouse):

Name _____ **Relationship to you** _____

Address: _____

Phone: () _____ **Phone:** () _____

Name of Client _____ Date _____

DOB _____ Email Address: _____

Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____

How may I contact you if need be? Home Cell Email Other

List Medications that you are currently taking, the dosage and number of times per day (please include non-prescription or herbal remedies)?

Have you ever considered suicide? _____ Yes _____ No
If so, when? _____

In case of an emergency, who may I contact (other than your partner/spouse):

Name _____ Relationship to you _____

Address: _____

Phone: () _____ Phone: () _____

Please complete about the relationship:

Relationship Status: Married Partnered Single Separated/Divorced Other

Duration of Relationship: _____ If married, duration of marriage: _____

Please list children including names, gender and ages:

Presenting Problems: Please list the major issues you would like help with in therapy, and rate the severity of each according the below:

1- - - - - 2- - - - - 3- - - - - 4- - - - - 5- - - - - 6- - - - - 7- - - - - 8- - - - - 9- - - - - 10

Mild Problem Moderate Problem Severe Very Severe

Type of Problem or Issue	Rating
1. _____	_____
2. _____	_____
3. _____	_____

Are there any suspicions of addiction, infidelity or domestic abuse? Please indicate:

Have you ever had previous counseling? If so, with whom?

May I contact them about your previous counseling? Yes No

How did you hear about me? _____

***Payment for services are due at the time of you session(s).**

I/We consent to consultation and/or treatment for the above mentioned person(s):

X _____
Signature Today's date

X _____
Signature Today's date