

MINDBODY THERAPY & HEALING, INC.

Suzanne Nixon, EdD, LPC, LMFT

RELATIONSHIP QUESTIONNAIRE

Name _____ Date _____

Address _____

Phone (H) _____ (W) _____ (C) _____

Best number to contact you at _____ May I leave a voice mail? _____

Email _____

Birth date _____ Age _____ Social Security # _____

Place of Employment _____

Position _____

Spouse/Partner's Name _____

Duration of current relationship/marriage _____ Anniversary date _____

Previous Marriages? ___ Yes ___ No Ever widowed? _____

Children? ___ Yes ___ No How many? _____ Ages _____

Where do they live? _____

Other persons/pets living with you _____

Who referred you? _____ May I thank them? _____

Reason for coming to relationship therapy (check all that apply):

- | | |
|--------------------------|-------------------------|
| ___ communication issues | ___ parenting issues |
| ___ trust issues | ___ other family issues |
| ___ intimacy issues | ___ affairs |
| ___ financial issues | ___ addiction issues |

____ lack of time together

____ lack of shared interests

____ other (please explain)

How long have these issues been of concern to you? _____

What symptoms are you experiencing as a result of these concerns/issues?

Have you received professional help prior to coming here today? If so, when, and for how long? Was it helpful?

How did you meet your partner? _____

How long have you known your partner? _____

What was been the best period for you in your relationship? _____

Which aspects of your own behavior are of concern to you, and what would you like to change in yourself to be a better partner?

Have you ever received individual counseling/therapy?

Have you ever been hospitalized for psychiatric problems? _____

Have you ever experienced suicidal thoughts or feelings? _____ If yes, when?

Are you presently under a physician's care? If so, for what condition?

Are you currently on any medications? _____

On the scale below, how happy are you in your marriage/relationship right now?

very unhappy

somewhat happy

unhappy

Please note that I do not participate with insurance companies. As a licensed professional counselor (LPC), and licensed marriage and family counselor (LMFT), I am recognized by most insurance companies as a qualified provider of counseling services. If you have a PPO insurance plan, a % of my fee is likely covered. If so, clients submit receipts to their insurance company for reimbursement.

Are you planning to file for insurance? _____

If yes, who will be the identified patient? _____

I understand that Dr. Suzanne Nixon is a licensed professional counselor, licensed marriage and family therapist, and mind/body therapist; and not a medical doctor. As a mental health professional she diagnosis's, however, does not prescribe medications. As a client, it is your responsibility to consult/contact your physician for any and all medical concerns.

Client Signature _____ Date _____

Print Name _____

For office use only:

Initial DX: _____
