

CYPRESS CREEK THERAPY & RELATIONSHIP CENTER

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INITIAL QUESTIONNAIRE FOR COUPLES/MARRIAGE THERAPY

What is the problem or concern that led you to seek couples therapy? How long has this been a problem or concern?

Have you sought counseling in the past to address the concerns that brought you here? If so, who did you see and when? Was the counseling helpful or not and why?

CHECK ANY OF THE FOLLOWING FEELINGS OR BEHAVIORS THAT APPLY TO YOU:

- Happy Hopeful Depressed Anxious Bored Helpless Fearful
- Anger Optimistic Annoyed Lonely Panic Conflicted Restless
- Tension Sad Energetic Shameful Relaxed Envious Jealous
- Unhappy Excited Content Excited Guilty Distracted

CHECK ANY OF THE FOLLOWING THAT CHALLENGES YOUR RELATIONSHIP/MARRIAGE

- Expressing Affection & Caring Work Interfering in Relationship Difficulty with Sexual Intimacy
- Struggle Handling Family Finances Difficulty Handling Conflicts & Arguments Struggle with Parenting Issues
- Job Instability Alcohol/Drugs Trust Issues
- Expression of Anger/Criticism/Blame Physical Aggressiveness Verbal Aggressiveness
- Medical Issues

MEDICAL QUESTIONNAIRE

Who is your Primary Care Physician _____ Okay to Contact? No Yes

Date of last physical Exam _____ Rate present physical health Good Fair Poor

Do you experience pain No Yes Are you currently treated? No Yes By whom? _____

Rate Effectiveness of Treatment Good Fair Poor

Allergies? _____

Medication	Frequency	Prescribed by	Length of Use

I certify the information provided is true and up to date:

Client Signature _____

Date _____

Client Name _____