



DAVID J. BARRY, M.A.
Marriage and Family Therapist

Intake Form – Couples Counseling

Date: _____

Client's Name: _____ Date of Birth: _____

Address: _____

Primary Phone Number

Email Address

Client's Name: _____ Date of Birth: _____

Address: (If different from above) _____

Primary Phone Number

Email Address

Children (names and ages)

_____ Age _____ School _____ At Home: Yes No

_____ Age _____ School _____ At Home: Yes No

_____ Age _____ School _____ At Home: Yes No

Please list the names and relationship to any other people living in the house

_____ Relationship to client: _____

_____ Relationship to client: _____

What is the reason for your visit? _____

I was referred by: _____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____