

**Patricia Gibberman, LCSW, BCD**

*Board Certified Diplomate in Clinical Social Work*

*Certified Gottman Couples Therapist*

**8550 Arlington Blvd., Suite 300**

**Fairfax, Va. 22031**

**(703) 208-9988**

**Couples Information Form**

Names \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Address (es) \_\_\_\_\_

E-mail Address (es) \_\_\_\_\_

Home Phone(s) \_\_\_\_\_ Work Phone(s) \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Dates of Birth \_\_\_\_\_ Current Ages \_\_\_\_\_

Highest Levels of Education \_\_\_\_\_

Employer(s) \_\_\_\_\_ Occupation(s) \_\_\_\_\_

Married? \_\_\_\_\_ Living together? \_\_\_\_\_ How long? \_\_\_\_\_

Children's Names and Ages \_\_\_\_\_

Any prior counseling? \_\_\_\_\_ With whom? \_\_\_\_\_

Any current or past medical problems? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_

Name and phone number of your physician and/or therapist \_\_\_\_\_

Please list any medications you take regularly \_\_\_\_\_

\_\_\_\_\_

Are you currently involved, or do you anticipate being involved in any legal proceedings? \_\_\_\_\_

Please explain \_\_\_\_\_

\_\_\_\_\_

Who referred you? \_\_\_\_\_ May I send you my e-newsletter? \_\_\_\_\_