

**Catherine D. Nugent, LCPC  
Counseling & Psychotherapy**

**Basic Client Information for Couples Therapy**

Please fill out the following as completely and legibly as possible. This information is confidential.

**Partner 1:**

Complete Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Can I leave a message at this number: Y N

Work phone \_\_\_\_\_ Can I leave a message at this number: Y N

Cell phone: \_\_\_\_\_ Can I leave a message at this number: Y N

Email address(es): \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

**Partner 2:**

Complete Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Can I leave a message at this number: Y N

Work phone \_\_\_\_\_ Can I leave a message at this number: Y N

Cell phone: \_\_\_\_\_ Can I leave a message at this number: Y N

Email address(es): \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_