



**Chemin Buvelot 4, 1110 Morges
2 Chemin du Pavillon, Le Grand Sacconex, GE 1218**

www.family-counselling.org

Client Couple Intake Form

Name: _____ Spouses' name: _____

Your Address: _____

Spouses' Address: _____

Contact number: _____ Spouse's contact number: _____

Your Email address: _____ @ _____

Spouse's Email address: _____ @ _____

Your Date of Birth: _____ Spouse's date of birth: _____

Your Nationality: _____ Spouse's Nationality: _____

Your Ethnicity: _____ Spouse's Ethnicity: _____

Your Birthplace: _____ Spouse's Birthplace: _____

Recent relocations: _____

Status: Married (since: _____) Number of previous marriages: _____

Spouse's previous marriages: _____

Do you have any children? If so, please record the children's names and ages: _____

Spouse's children from previous marriages? _____

Your religion or spiritual affiliation: _____

Spouses' religion or spiritual affiliation: _____

Your Reasons for seeking counselling: _____

