

# Couples Intake Paperwork

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*\*\*This page is to be filled out by one of the partners for information pertinent to the family*

Today's Date: (mm/dd/yyyy) \_\_\_\_\_ Form filled out by: \_\_\_\_\_

Names: \_\_\_\_\_

Residential Street Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ May I leave a message for you at this number? \_\_\_\_\_

Email address: \_\_\_\_\_ Is it okay to use email to contact you? \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Preferred times to contact you if by phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact Person(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Person(s) Relationship to Client: \_\_\_\_\_

## Payment Information

Will you be paying by cash, check, or Venmo \_\_\_\_\_

Do you have out of network insurance benefits that might apply Yes No Unsure

## Family Composition

*Please fill out lines for you and your partner (and place an asterisk next to both of your names). Also include children where applicable. If you are in a blended family, please include ex-partners and step-children as well.*

Name	Age	Date of Birth	Gender	Family Role
				Parent
				Parent

## Financial Assistance

\_\_\_ Food Stamps/EBT    \_\_\_ TANF    \_\_\_ SSI    \_\_\_ SSDI    \_\_\_ SSA (retirement)    \_\_\_ Other Retirement Income  
\_\_\_ Medicaid        \_\_\_ Medicare    \_\_\_ General Assistance