



Nic Beets & Verity Thom Relationship Psychology Sex Therapy

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Please fill out the following form to ensure that we have all your details correct. These will be used solely to in providing psychological services to you.

	Partner A		Partner B	Partner B	
Full Name:					
		<u>.</u>		-	
	D.O.B:	Age:	D.O.B:	Age:	
Preferred					
Name:					
Occupation:					
Cultural/					
Ethnic Identity:					
Address:					
Home Ph:					
Work Ph:					
Cell Ph:					
E-mail:					

Years dating before living together .....? Years living together ....? Civil Union - Married Yes/No? How long .....? Children (if any) – Names, ages & to whom they belong if not both of you:

.....

How did you hear about our service? (circle one or more): Friend/Family Counsellor

Doctor Internet Search Yellow Pages Online Yellow Pages Book

Other: .....

If you were referred to us by another professional, are you happy for us to liaise with them and acknowledge the referral? Yes / No / Self Referral

Has either of you seen a counsellor, psychologist or psychiatrist before? Yes / No

If yes, please tell us who, when, concerning what & for how long: