
PRACTICUM LABORATORY**REQUEST FOR SERVICES FORM (FAMILIES / COUPLES)**

Your cooperation in completing this questionnaire will be helpful in planning services for you. Please answer each item carefully. If you have questions, please ask your counselor.

Today's Date: _____

Your Name: _____

Partner's Name: _____

Specify Relationship: _____

You**Partner**

Address: _____

Address: _____

Phone: _____

Phone: _____

Age: _____

Age: _____

Date of Birth: _____

Date of Birth: _____

Date of Marriage: _____

Highest Level of Education Completed:

You: _____

Partner: _____

Currently in School: You: _____ Yes _____ No Partner: _____ Yes _____ No

Where employed, for how long, and job title:

You: _____

Your Partner: _____

_____ I am a student at NAU.

_____ I am not associated with NAU.

REQUEST FOR SERVICES FORM (FAMILIES / COUPLES), CONTINUED

_____ I am being referred by the courts, Welfare Dept., or other agency.

Which one? _____

How did you find out about our services? (e.g., class, friend, etc.) _____

Are you now receiving or have you ever received counseling or psychotherapy services?

_____ Yes _____ No

If yes, please list counselor/therapists name, name of agency, dates of counseling, and, if not marital/family counseling, name of individual who received the counseling:

Family Member:

Name	Age	Relationship	Where Residing

Have you had or do you now have any major health problems?

You: _____ Yes _____ No Partner: _____ Yes _____ No

Children: _____ Yes _____ No

If yes, please describe: _____

REQUEST FOR SERVICES FORM (FAMILIES / COUPLES), CONTINUED

Please list any medications (both prescribed and over-the-counter) currently being taken by family members. For the prescription drugs, give name of physician who prescribed them:

I/we would like to request marriage/couple/family/child counseling services from the Counseling Practicum Laboratory.

Signature of Client

Signature of Client

Signature of Witness

Today's Date