**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-in-training.

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