

Client Demographic Information (please print)

Name _____
(First) (M.I.) (Last)

Address _____

City _____ State _____ Zip+4 _____ - _____

Date of Birth ____/____/____ Social Security _____ - _____ - _____

Home Phone _____ Work Phone _____, Ext _____

Cell Phone _____ Message Phone _____

May we leave a message? Home Work Cell Message

E-mail Address _____

Marital Status Single Married Separated Divorced

Employer/School _____

Employer Address _____

Occupation _____

Education-Highest Grade Completed _____ College Yes No

Race _____ Sex Male Female

Religion _____ Residence Urban Rural

Next of Kin _____ Phone _____

Address _____

Emergency Contact _____ Phone _____

Children Living at Home (Name/Age)

_____/_____/_____

_____/_____/_____

Client Psychiatric/Medical History

Have you ever been diagnosed with a psychiatric illness? Yes No

If "Yes" please describe _____

Where _____ When _____

Doctor / Agency _____

Have you ever been hospitalized for a psychiatric condition? Yes No

If "Yes" where and when?

Hospital	Reason	Date
_____	_____	_____
_____	_____	_____

Have you ever attempted suicide? Yes No

If "Yes" please describe circumstances including where and when _____

Do you have any other health problems? Yes No

If "Yes" please describe _____

Please describe any psychotropic medications you are taking?

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____

Your Doctor (Name) _____ Telephone _____

Address _____

Please check any that apply:

Individual

- Depressed mood
- Anxiety
- Irritable
- Panic attacks
- Change in sleep
- Feelings of hopelessness
- Change in appetite
- Change in energy
- Mood swings
- Anger
- Poor academic performance
- Poor work performance
- Suicidal thoughts or ideas
- Gambling

Relationship / Social

- Conflict with family members
- Conflict with friends
- Conflict with employer, co-workers
- Relationship dissatisfaction
- Inability to form or maintain friendships
- Relationship violence

Please list any other information you would like me to know

Client Signature _____ **Date** _____

JAMES FAUST & ASSOCIATES • PLLC

Please complete this page if you are using your insurance to pay for counseling.

Primary Insurance	Secondary Insurance
Name of Ins. Co.:	Name of Ins. Co.:
Insurance Phone #	Insurance Phone #
Insured's Name (on card):	Insured's Name (on card):
Insured's ID No.:	Insured's ID No.:
Insured's DOB:	Insured's DOB:
Group or Policy No:	Group or Policy No:
Plan or Program Name:	Plan or Program Name:
Insurance Billing Address:	Insurance Billing Address:
Effective Date:	Effective Date:
Deductible:	Deductible:
Insurance Coverage:	Insurance Coverage:
Co-Pay or Co-Ins.:	Co-Pay or Co-Ins.:
Allowed # of Visits:	Allowed # of Visits:
Date verified / Name of Person:	Date verified / Name of Person:
Referral Required?	Referral Required?
Phone # for referral:	Phone # for referral:

By my signature below I accept assignment of insurance payments for services rendered.

Client Signature _____ **Date** _____

Your Name: _____ ID# _____ Date: _____

Locke-Wallace Marital Adjustment Test

1. Circle the dot on the scale line that best describes the degree of happiness, everything considered, of your present marriage. The middle point "happy" represents the degree of happiness that most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage and, on the other, to those few who experience extreme joy or felicity in marriage.

Very Unhappy

Happy

Perfectly Happy

State the approximate extent of agreement or disagreement between you and your mate on the following items. Please check **each** column.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
2. Handling Family Finances						
3. Matters of Recreation						
4. Demonstrations of Affection						
5. Friends						
6. Sex Relations						
7. Conventionality (right, good, or proper conduct)						
8. Philosophy of Life						
9. Ways of Dealing with In-laws						

For each of the following items, check one response:

10. When disagreements arise, they usually result in
 (a) husband giving in ___ (b) wife giving in ___ (c) agreement by mutual give and take ___
11. Do you and your mate engage in outside interests together?
 (a) all of them ___ (b) some of them ___ (c) very few of them ___ (d) none of them ___
12. In leisure time, do you generally prefer
 (a) to be "on the go" ___ (b) to stay at home ___
13. Does your mate generally prefer
 (a) to be "on the go" ___ (b) to stay at home ___
13. Do you ever wish you had not married?
 (a) frequently ___ (b) occasionally ___ (c) rarely ___ (d) never ___
14. If you had your life to live over again, do you think you would
 (a) marry the same person ___ (b) marry a different person ___ (c) not marry at all ___
15. Do you ever confide in your mate
 (a) almost never ___ (b) rarely ___ (c) in most things ___ (d) in everything ___

Your Name: _____ ID# _____ Date: _____

Weiss-Cerretto Marital Status Inventory

We would like to get an idea of how your marriage stands right now. Please answer the questions below by circling TRUE or FALSE for each item with regard to how things stand right now. For items that are true, please indicate what year the item began to be true.

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|-------------|
| 1. I have made specific plans to discuss separation or divorce with my spouse. I have considered what I would say, etc. | FALSE | TRUE | Year: _____ |
| 2. I have set up an independent bank account in my name in order to protect my own interests. | FALSE | TRUE | Year: _____ |
| 3. Thoughts of divorce occur to me very frequently, as often as once a week or more. | FALSE | TRUE | Year: _____ |
| 4. I have suggested to my spouse that I wish to be separated, divorced, or rid of him/her. | FALSE | TRUE | Year: _____ |
| 5. I have thought specifically about divorce or separation. I have thought about who would get the kids, how things would be divided, pros and cons, etc. | FALSE | TRUE | Year: _____ |
| 6. My spouse and I have separated. This is a [CHECK ONE:]
<input type="checkbox"/> trial separation, or <input type="checkbox"/> legal separation. | FALSE | TRUE | Year: _____ |
| 7. I have discussed the question of my divorce or separation with someone other than my spouse (trusted friend, psychologist, minister, etc.). | FALSE | TRUE | Year: _____ |
| 8. I have occasionally thought of divorce or wished that we were separated, usually after an argument or other incident. | FALSE | TRUE | Year: _____ |
| 9. I have discussed the issue of divorce seriously or at length with my spouse. | FALSE | TRUE | Year: _____ |
| 10. I have filed for divorce, or we are divorced. | FALSE | TRUE | Year: _____ |
| 11. I have made inquiries of nonprofessionals about how long it takes to get a divorce, grounds for divorce, costs involved, etc. | FALSE | TRUE | Year: _____ |
| 12. I have contacted a lawyer to make preliminary plans for a divorce. | FALSE | TRUE | Year: _____ |
| 13. I have consulted a lawyer or other legal aid about the matter. | FALSE | TRUE | Year: _____ |
| 14. I have considered divorce or separation a few times, other than during or after an argument, although only in vague terms. | FALSE | TRUE | Year: _____ |

Name _____ ID# _____ Date _____

Waltz-Rushe-Gottman Emotional Abuse Questionnaire (EAQ)

Place an X under the word that best describes the frequency with which each behavior occurs.

<u>Isolation Sub-scale</u>	Never	Rarely	Occasionally	Very Often
I have to do things to avoid my partner's jealousy.				
My partner tries to control who I spend my time with.				
My partner disapproves of my friends.				
My partner does not believe me when I talk about where I have been.				
My partner complains that I spend too much time with other people.				
My partner accuses me of flirting with other people.				
In social situations, my partner complains that I ignore him.				
My partner is suspicious that I am unfaithful.				
My partner acts like a detective, looking for clues that I've done something wrong.				
My partner checks up on me.				
My partner keeps me from going places I want to go.				
My partner keeps me from doing things I want to do.				
My partner says I act too seductively				
My partner keeps me from spending time at the things I enjoy.				
My partner threatens to take the car keys if I don't do as I am told.				
My partner threatens to take the money if I don't do as I am told.				
My partner threatens to take the checkbook if I don't do as I am told.				
My partner prevents me from leaving the house when I want to.				
My partner disables the phone to prevent my using it.				
My partner disables the car to prevent my using it.				
My partner threatens to pull the phone out of the wall.				
My partner forcibly tries to restrict my movements.				
My partner acts jealous.				
My partner keeps me from spending time with the people I chose.				
Total: ___<50 ___51-67 ___>68 24	1	2	4	5

<u>Sexual Coercion Sub-scale</u>	Never	Rarely	Occasionally	Very Often	
My partner makes me engage in sexual practices I consider perverse.					
In bed my partner makes me do things I find repulsive.					
My partner is not sensitive to me during sex.					
My partner pressures me to have sex after an argument.					
My partner intentionally hurts me during sex.					
I feel pressured to have sex when I don't want to.					
Even against my will, violence is a part of our sex life.					
Total: ___ <13 ___ 14-18 ___ >19	7	1	2	4	5

<u>Degradation Sub-scale</u>	Never	Rarely	Occasionally	Very Often	
My partner tries to catch me at inconsistencies to show that I'm lying.					
My partner tries to convince other people that I'm crazy.					
My partner tells other people that there is something wrong with me.					
My partner says things to hurt me out of spite.					
My partner has told me that I am sexually unattractive.					
My partner tells me that I am sexually inadequate.					
My partner insults my religious background or beliefs.					
My partner insults my ethnic background.					
My partner insults my family.					
My partner talks me into doing things that make me feel bad.					
My partner tells me that no one else would ever want me.					
My partner humiliates me in front of others.					
My partner makes me do degrading things.					
My partner questions my sanity.					
My partner tells other people personal information or secrets about me.					
My partner swears at me.					
My partner verbally attacks my personality.					
My partner has insulted me by telling me that I am incompetent.					
My partner ridicules me.					
My partner forces me to do things that are against my values.					
My partner questions whether my love is true.					
My partner compares me unfavorably to other partners.					
My partner intentionally does things to scare me.					
My partner threatens me physically during arguments.					
My partner warns me that if I keep doing something, violence will follow.					
Our arguments escalate out of control.					
I'm worried most when my partner is quiet.					
My partner drives recklessly or too fast when he is angry.					
Total: ___ <72 ___ 73-94 ___ >95	28	1	2	4	5

<u>Property Damage Sub-scale</u>	Never	Rarely	Occasionally	Very Often
My partner threatens to hurt someone I care about.				
My partner intentionally damages things I care about.				
My partner threatens to break things that are valuable to me.				
My partner damages things in our home.				
My partner threatens to destroy my property.				
My partner does cruel things to pets.				
My partner threatens to hurt animals I care about.				
Total: ___<14 ___15-21 ___>22	7	1	2	4
				5