

Secondary Partner Intake Demographic Form

This form is for the non-primary individual (Partner B) in the couple seeking therapy. Please answer all questions to the best of your ability. All information is kept strictly confidential.

Personal Information	
Field	Response
Full Legal Name	
Preferred Name/Nickname	
Date of Birth	
Age	
Pronouns	
Primary Phone Number	
Secondary Phone Number	
Email Address	
Current Address	

Relationship Status	
Field	Response
Relationship Status with Partner A (Partner registered with Rula)	
Date relationship began	
Are you currently living together?	
If yes, date moved in together	
Are you legally married/registered domestic partners?	
If yes, date of marriage/registration	

Occupation and Education

Field	Response
Current Occupation/Job Title	
Employer/Place of Employment	
Highest Level of Education Completed	

Background Information

Field	Response
Primary Language Spoken	
Ethnicity/Cultural Background	
Religious/Spiritual Affiliation (if any)	

Previous Therapy Experience

Field	Response
Are you currently in individual therapy?	
If yes, approximate dates/duration	
Have you been in couples therapy before (with this or another partner)?	
If yes, approximate dates/duration	
Reason(s) for seeking therapy previously	

Current Medications/Health

Field	Response
Are you currently taking any prescription medications?	
If yes, please list medication(s), dosage(s), and reason(s)	
Do you have any physical health concerns that may impact therapy?	
Do you have any history of substance abuse or addiction?	

Current Medications/Health

Field	Response
In the last 12 months, have you engaged in self-injurious behavior (e.g. cutting, burning) without the intent to die?	
In the past two weeks, have you had thoughts of wishing you were dead or ending your life?	
In your lifetime, have you ever attempted suicide or been hospitalized for psychiatric reasons or safety concerns?	
In the past two weeks, have you had thoughts of seriously harming or killing someone else?	
Do you have a history of physical violence, legal charges related to assault, or aggressive outbursts towards others?	
Do you have access to firearms or other weapons in your home or immediate environment?	

Emergency Contact

Please list someone who I can contact in case of emergency (NOT your partner)

Field	Response
Full Name	
Relationship to You	
Phone Number	