

**Pre-Visit Questionnaire**

**Date:**

**Name:**

**Spouse/Parent:**

**Childs Name (for Children's session):**

**Email Address:**

**Address1**

**Address2**

**City**

**State/Province**

**Zip/Postal Code**

**Phone (Mobile):**

**Phone: (Home):**

**Date of Birth:**

**Gender: M**

**F**

**Emergency Contact name & phone number:**

**Birth order:** list your birth family, parents, siblings and their ages, where you fit into the birth order, and any miscarriages or stillborn(s) your mother had. Include step parents &/or step siblings.

**Major Traumas:** include deaths, divorces, accidents, abuses, or a memory you feel had a negative impact on your life. Please include time lines.

**Briefly list two or three reasons why you are coming to therapy:**

**Please describe what your goals are in coming for therapy**

### **Five Languages of Love Test**

Please visit <http://www.5lovelanguages.com/> and complete the Five Languages of Love Test. Record the scores below in all five areas from largest to smallest.

Thank you for taking the time to provide me with this information. It will be *useful* in our journey together.