



I want to thank you again for reaching out to us and extend a further welcome to Sundstrom Clinical Services. To complete your registration process and to prepare for your initial appointment, please complete the Couple's History Form.

**PLEASE NOTE: The Couple's History Form is a fillable PDF form. You need to save a blank copy of the form before completing it to ensure it is filled out correctly:**

#### Instructions

- To save a blank copy: Right click on the form attachment and select "Save link as" and give the file a name. **OR** On the email attachment, click the download button. Once the form appears save a blank copy.
- **This saves a blank copy of the form in one of your folders.**
- Go to your folder and open the file.
- Fill in all grey boxes. All boxed outlines in red are required.
- Save your file.
- Please email completed forms to [intake@sundstromclinic.com](mailto:intake@sundstromclinic.com).

If you do not have access to filling in PDF forms you may also print the blank forms, hand write in your answers, and mail them to:

Sundstrom Clinical Services  
21900 Willamette Drive, Suite 202  
West Linn, OR 97068



## Couple's History Form

### Partner 1:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

### Partner 2:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Relationship Status (e.g., married, committed, dating): \_\_\_\_\_

Length of time in relationship: \_\_\_\_\_

How were you referred to Sundstrom Clinical Services? \_\_\_\_\_

### Reasons For Seeking Services

**Partner 1:** Please describe your current relationship concerns and goals for couple's counseling:



**Partner 2:** Please describe your current relationship concerns and goals for couple's counseling:

Have you previously engaged with couple's counseling? If so, what was your experience?

Any other information you feel it is important for me to know prior to our first meeting?