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Admission Form for Couple

Name (Person 1): _____ Date: _____

Name (Person 2): _____

Marital Status: _____ Length of Relationship/Marriage: _____

Children: Please give names & ages: ____ None

Why are you seeking services at this time?

What have you already tried to solve the current problems that you are having?

What are your goals in seeking help (please be as specific as possible)?

Who referred you? _____

Please provide emergency contact information (Name, phone number):

Identifying Information

Person 1:

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Religion/Spirituality _____

e-mail Address: _____

Do you have any current, or significant past, medical conditions? _____ No If yes, please list:

Do you have any current, or significant past mental health conditions? _____ No If yes, please list:

Do you have any addictions? _____ No If yes, please list:

Are you currently taking any medications? _____ No If yes, please list:

Person 2: _____ *Check if address is same*

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Religion/Spirituality _____

e-mail Address: _____

Do you have any current, or significant past, medical conditions? _____ No If yes, please list:

Do you have any current, or significant past mental health conditions? _____ No If yes, please list:

Do you have any addictions? _____ No If yes, please list:

Are you currently taking any medications? _____ No If yes, please list:
