

COUPLE INFORMATION FORM

Partner 1 Name: _____ DOB: _____

Address: _____

Home Ph: _____ Mobile: _____

Email: _____

Medical conditions/medications: _____

GP Name/Ph: _____

Partner 2 Name: _____ DOB: _____

Address (if different): _____

Home Ph: _____ Mobile: _____

Email: _____

Medical conditions/medications: _____

GP Name/Ph: _____

Other people residing in your home:

NAME	RELATIONSHIP TO YOU	AGE

Have you had counselling before? Yes / No

If so, when and where? _____

How did you hear about us:

____ Referred by GP

____ Referred by another service (please specify) _____

____ Yellow Pages advertisement

____ Google search

____ From a friend

____ Other (please specify) _____



Live Well Now

Psychology & Health Solutions

www.livewellnow.com.au

Confidentiality Agreement for Couples

As part of providing a psychological service to you, I will need to collect and record personal information. All information and records regarding you will be kept strictly confidential and I will not release any information about you to anyone else, unless you give me written and signed consent to do so. The exceptions to this rule include:

1. If you were referred to me by a doctor I will usually send a brief report to him or her.
2. If you are involved in a court case and I appear on your behalf, or if I am subpoenaed to appear or my notes are subpoenaed, I am legally required to answer all questions about you.
3. If you indicate that you seriously intend to hurt or kill yourself or someone else, I must notify relevant authorities or potential helpers.
4. If there is an overriding legal or social obligation to do so, I may disclose information to the relevant authorities about serious criminal acts.

When I work with couples, the treatment unit is the couple itself. During the course of couples therapy I will usually see both members of a couple together for the majority of the sessions. However, there may be times it becomes necessary for me to see each an individual member of a couple one-on-one. These individual sessions are part of the couples work, and will be used to enhance the work we are doing in the joint sessions.

Your signature below indicates that you agree that anything you share in an individual session may be talked about in subsequent therapy sessions where your partner is present. This does not mean that I will necessarily bring up every issue you have talked to me about in the individual session(s). It means that you have given me permission to share if I believe that doing so is important and relevant to our work in couples therapy. This agreement also applies to phone calls, voice mail messages, and e-mail messages. If you contact me between sessions, I will expect you to let your partner know that you have done so. By signing this agreement you are giving me permission to discuss any information shared with me privately with the other person regularly attending therapy with you.

Cancellations

Where possible, I appreciate at least 48hrs or more notice to change or cancel an appointment. Because I set aside a large amount of time for you that cannot be filled at the last minute, **same day cancellations will incur a 50% cancellation fee and no shows will incur a 100% cancellation fee**. Cancellation fees are not claimable from Medicare or your private health fund. To help you avoid cancellations fees you will receive an SMS appointment reminder the day before your scheduled appointment. For your convenience, appointments can be cancelled or re-scheduled online at www.livewellnow.com.au if it is more than 24 hours before your scheduled appointment.

Your Agreement:

I, (please print name) _____, have read and understood the information outlined above. I agree to these conditions for the psychological services provided by Live Well Now Psychology and Health Solutions Pty Ltd.

Signature _____ Date _____

Thank you.



DASS 21 NAME _____ DATE _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
	TOTALS							

Name _____ Date _____

Couple Satisfaction Checklist

Place a (✓) check in the box to the right of each relationship category that best describes **how satisfied you feel**.

	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	✓ Check 3 Areas You Want Most to Change
1. Degree of Closeness, Openness, Confiding, Sharing and Comforting							
2. Expression of Affection and Caring							
3. Satisfaction with Sexual Intimacy							
4. Handling Conflicts and Arguments							
5. Expression of Anger, Criticism or Blame							
6. Handling Family finances							
7. Handling of Parenting Issues							
8. Handling of Household Tasks							
9. Common Interests and Social Life							
10. Degree of Respect and Admiration for Your Partner							
11. Satisfaction with your Role in the Relationship							
12. Satisfaction with your Partner's Role in the Relationship							
13. Overall Satisfaction with Your Relationship							

Checklist of Concerns and Life Events

Please tick the box that most closely describes how often or much each concern or event has affected you.

Emotional Concerns	Not at all or N/A	Sometimes or Slightly	Often or Moderately	Most of the time or Severely
Feeling anxious or uptight				
Feeling panicky				
Not being able to relax or calm down				
Dwelling on certain thoughts or images				
Fearing something terrible will happen				
Avoiding certain thoughts or feelings				
Fear of having a nervous breakdown				
Fears of being alone or abandoned				
Avoiding being with people				
Feeling guilty or ashamed				
Having nightmares				
Having troubling or painful memories				
Missing periods of time - can't remember				
Being forgetful				
Feeling numb instead of upset				
Feeling detached from all or part of body				
Feeling depressed or sad				
Feeling unmotivated				
Loss of interest in many things				
Having trouble concentrating				
Feeling the future looks hopeless				
Having trouble making decisions				
Dissatisfied with physical appearance				
Feeling worthless or a failure				
Feeling self-critical or blaming yourself				
Crying often				
Being tired or lacking energy				
Thoughts of hurting yourself				
Thinking about death or killing yourself				
Frequent mood swings				
Feeling resentful or angry				
Feeling irritable or frustrated				
Feeling like hurting someone				
Behavioural and Physical Concerns	Not at all or N/A	Sometimes or Slightly	Often or Moderately	Most of the time or Severely
Poor appetite				
Binge eating				
Self-induced vomiting for weight control				
Losing or gaining weight				
Sleep problems				
Lack of exercise				
Lack of leisure activities				
Spending too much				

Smoking cigarettes				
Using alcohol too much				
Using drugs – Which ones?				
Gambling too much				
Acting impulsively				
Temper outbursts				
Working too hard				
Trouble finishing things				
Intimate Relationship Concerns	Not at all or N/A	Sometimes or Slightly	Often or Moderately	Most of the time or Severely
Feeling misunderstood in relationship				
Not feeling close to partner				
Trouble communicating with partner				
Not trusting partner				
Lack of respect by partner				
Partner being secretive				
Lack of fairness in relationship				
Problems with dividing household tasks				
Disagreeing about children				
Lack of affection				
Unsatisfactory sexual relationship				
Lack of time together				
Lack of shared interests				
Lack of positive interaction				
Jealousy in relationship				
Frequent arguments				
Violent arguments				
Trouble resolving conflict				
Partner being demanding and controlling				
Partner putting you down				
Emotional abuse in relationship				
Physical abuse in relationship				
Sexual abuse in relationship				
Self or partner having or had an affair				
Partner having alcohol or drug problem				
Feeling uncommitted to relationship				
Wanting to separate				
Discussing separating or divorce				
Problems with extended family				
Children having special problems/needs				
Having trouble getting pregnant				
Having miscarriage/s				
Anxiety about sex				
Feeling a lack of sexual desire				
Wanting to have sex more often				
Feeling used sexually				
Unable to have orgasm				
Unable to sustain an erection				
Feeling negatively about sex				

Childhood Concerns	Not at all or N/A	Sometimes or Slightly	Often or Moderately	Most of the time or Severely
Was physically abused				
Was emotionally abused				
Was sexually abused				
Had an alcoholic/drug using parent				
Had a parent with mental illness				
Parents separated/divorced				
Death of close family member or friend				
Felt neglected or unloved				
Had an unhappy childhood				
Having had serious medical problems				
Frequent moves or changes of school				
Had learning problems				
Was bullied				
Had school problems				
Had emotional problems				
Was an anxious child				
Had legal problems/criminal behaviour				
Recent Life Events	Not at all or N/A	Sometimes or Slightly	Often or Moderately	Most of the Time or Severely
Losing or changing job				
Birth or adoption of child				
Self or family member hospitalized				
Death of family member or friend				
Moved				
Being harassed or assaulted				
Separation/divorce				
An important relationship ending				
Financial trouble				
Legal problems				
Had an accident or chronic illness				
Abortion				
Natural disaster				
Witness or experienced traumatic event				
Attempted suicide				
Someone close attempted/committed suicide				

Please list any other events or concerns not mentioned above _____
