

Wes Imayanagita, LCSW

Couples Intake Packet

This written policy is to notify you that a couple or family is considered to be one treatment unit. Therefore, if treatment records are requested of the couple or family, I will seek out authorization from all members of the treatment unit before I release any information a third party. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the treatment unit.

Please be aware that when I work with couples or families, I may decide to see a smaller part of the treatment unit I am treating for one or more sessions. Sometimes I may need to work with the smaller unit in order to build skills and understanding. In this way, it will benefit the entire treatment unit and improve outcomes. I will not release any confidential information to a third party unless required by law to do so. I will seek your written authorization in these circumstances before releasing any information to a third party.

In regards to secrets or information learned in an individual session with a smaller treatment unit, I will in my judgment decide, whether or when and to what extent I will make disclosures to the treatment unit. However, I will give the smaller unit every opportunity to make the disclosure to the treatment unit. If you for some reason have a personal issue that you do not feel comfortable disclosing, you may want to consider talking with a another therapist who can treat you individually.

My “no secrets policy” is intended to improve and enhance the treatment of the larger treatment unit. If I am not free to exercise my clinical judgment to disclose any information from the smaller treatment unit then it may interfere with proper treatment of the couple or family. If this occurs then I may terminate the treatment of the couple or family.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wes Imayanagita, LCSW

Client information-Partner 1

Name:\_\_\_\_\_ DOB:\_\_\_\_\_ Age:\_\_\_\_\_ Date:\_\_\_\_\_

Social Security Number:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Cell:\_\_\_\_\_ Work:\_\_\_\_\_

Emergency contact:\_\_\_\_\_ Relationship:\_\_\_\_\_ Phone:\_\_\_\_\_

Married status:

Married\_\_\_ Never married\_\_\_ Dating\_\_\_ Separated\_\_\_ Domestic partner\_\_\_ Divorced\_\_\_

Do you have children: Yes\_\_\_ No\_\_\_ Please indicate names and ages.

\_\_\_\_\_

Medical Conditions: Yes\_\_\_ No\_\_\_ If yes please indicate what type.

\_\_\_\_\_

Current prescriptions:\_\_\_\_\_

Previous treatment:

Have you ever received psychological, psychiatric or counseling services before? Yes\_\_\_ No\_\_\_

If so when. \_\_\_\_\_

History of suicide attempts? \_\_\_\_\_

Ever hospitalized? Yes\_\_\_ No\_\_\_ When:\_\_\_\_\_

Are you having suicidal thoughts now? Yes\_\_\_ No\_\_\_

Have you ever taken medications for psychiatric or emotional problems. Yes\_\_\_ No\_\_\_

Why seeking treatment now?

\_\_\_\_\_

Wes Imayanagita, LCSW

Client information-Partner 2

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Married status:  
Married \_\_\_ Never married \_\_\_ Dating \_\_\_ Separated \_\_\_ Domestic partner \_\_\_ Divorced \_\_\_  
Do you have children: Yes \_\_\_ No \_\_\_. Please indicate names and ages.

Medical Conditions: Yes \_\_\_ No \_\_\_. If yes please indicate what type.

Current prescriptions: \_\_\_\_\_

Previous treatment:

Have you ever received psychological, psychiatric or counseling services before? Yes \_\_\_ No \_\_\_.

If so when. \_\_\_\_\_

History of suicide attempts? \_\_\_\_\_

Ever hospitalized? Yes \_\_\_ No \_\_\_. When: \_\_\_\_\_

Are you having suicidal thoughts now? Yes \_\_\_ No \_\_\_

Have you ever taken medications for psychiatric or emotional problems. Yes \_\_\_ No \_\_\_

Why seeking treatment now?

Drugs and Alcohol use: \_\_\_\_\_