**Couples Intake Form**

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| ***Bold, Underline, or Check:***  Single Married Living Together Separated Divorced Widowed |
| Children’s names (if applicable): |  |
|  |  |
|  | **Husband** | **Wife** |
| Name: |  |  |
| Address: |  |  |
|  |  |  |
| Daytime Phone: |  |  |
| Evening Phone: |  |  |
| Cell: |  |  |
| Email: |  |  |
| Date of Birth: |  |  |
| Medical conditions: |  |  |
| Anxiety, Panic Attacks, Depression, Bi-polar, etc. (if any): |  |  |
| Medical Doctor: |  |  |
| Therapist: |  |  |
| Prescription Medications: |  |  |
| Religious backgrounds / preference (if any): |  |  |
| Have you had previous Spiritual Direction or Christian Coaching? | Yes No | Yes No |
| If yes, with whom, when and for how long? |  |  |

Living Water LLC provides Transformational Leadership Coaching, Christ-centered Spiritual Direction, Inner Healing and Freedom Encounter Deliverance services for individuals, couples, churches, teams and businesses. Our purpose is to build strengths, heal hurts and assist with empowering change. We provide in-person sessions, phone, Zoom, or in institutional settings. As a courtesy, we ask you to respect your appointment times. If you cancel with less than a 24-hour notice, you will be charged a $40.00 office fee, which will be payable by credit card. Checks should be made payable to *Living Water LLC* at the time of service, unless other arrangements are made.

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| **Husband’s Signature:** |  | **Date:** |  |
| **Wife’s Signature:** |  | **Date:** |  |