

## Relationship Demographics

Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Gender \_\_\_\_\_

Ethnicity \_\_\_\_\_

Occupation \_\_\_\_\_

Religion \_\_\_\_\_

Previous therapy  Yes  No Approximate length of treatment \_\_\_ Months \_\_\_ Years

Relationship status  Together  Separated

Marital status  Married  Separated  Divorced

Living together (if yes, how long)  Yes  No How long? \_\_\_\_\_

Previous marriages (circle) 1 2 3 4 5

Children from current relationship  Yes  No Number \_\_\_\_\_

Residence \_\_\_\_\_

Name(s), Age(s)

Children from other relationships  Yes  No Number \_\_\_\_\_

Residence \_\_\_\_\_

Name(s), Age(s)

Other children in your custody  Yes  No Number \_\_\_\_\_

Joint custody with partner/spouse?  Yes  No

Residence \_\_\_\_\_

Name(s), Age(s)