



**Stephanie L. Furness, LCSW**  
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## Couples Sessions:

Please answer questions as honestly as possible without conferring with your partner. Your answers will remain confidential between you and the Therapist, but will help inform the time spent in session as a couple.

1. What is the reason you are seeking couples' therapy?
2. What do you hope to gain from couples' counseling?
3. What are some of the things you like about your relationship?
4. What are areas of your relationship that you think need growth?
5. What are personality traits that you like about your partner?
6. What are ways you wish your partner were different?
7. Would you find it beneficial to talk with your couple's counselor separate from your partner in order to talk uncensored about your relationship?

**CONFIDENTIAL**

8. Issues we need help with:

\_\_\_\_ Communication      \_\_\_\_ Employment      \_\_\_\_ Family

\_\_\_\_ Health      \_\_\_\_ Leisure time      \_\_\_\_ In-Laws

\_\_\_\_ Sex      \_\_\_\_ Religion      \_\_\_\_ Wedding Plans

\_\_\_\_ Money      \_\_\_\_ Children      \_\_\_\_ Other \*\*\*

\*\*\*Please Explain:

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**CONFIDENTIAL**

All information is strictly confidential and is accepted for use solely by and for the parties, as stipulated in the Client Intake application form. This information cannot be re-released by recipient without my expressed, written consent, unless determined by state/federal regulations and/or HIPAA regulations, AND except to which action has already taken place in good faith, as requested herein.

\_\_\_\_\_  
Client Signature      Date \_\_\_\_\_

\_\_\_\_\_  
Stephanie L. Furness      Date \_\_\_\_\_

Please sign and mail completed form to:

Stephanie L. Furness, LCSW  
C/o Pathways  
985 Gaines School Road  
Bldg. #2, Office A  
Athens, GA 30605