

**Hold Me Tight® Couples Workshop** at The Cottage Clinic  
**Diana Weiss-Wisdom, Ph.D.** Licensed Psychologist Psy#12476  
INTAKE FORM

Please have each member of the couple fill out their own form.

Your Name: \_\_\_\_\_

Your Partner's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Home

phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-

mail: \_\_\_\_\_

Referred by: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship status: \_\_\_\_\_

Number of years together: \_\_\_\_\_

What do you find most fulfilling about your relationship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

88%  
See 14 Editor suggestions