

# Questionnaire

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*\* indicates a required field*

## Couple Therapy Policy

If you are here to work on a relationship problem, it's important for you to understand what I believe about relationships and marriage.

First of all, I do not have preconceived notions about whether you should stay together or part ways. I believe it is important to explore such questions openly, honestly, and thoroughly. Once your goals are established, I will work diligently to support you in achieving them, whatever they may be. Second, you are entrusting me to use my professional judgment as it relates to individual confidences.

By signing this form, you are acknowledging that anything you communicate to me individually by phone, email, or any other means may be important to bring up and work on in a couple therapy session, and I reserve the right (but not the obligation) to do so.

\* **eSignature:** \_\_\_\_\_  
I consent to sharing information provided here.

\* **Name:**

**\* Date:**