

# Burt Bertram, Ed.D.

Licensed Marriage and Family Therapist (0145)  
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## Couple Information & History

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

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

Spouse/Partner #1	Spouse/Partner #2
Name:	Name:
Address:	Address:
Phone: (Permission to text: Yes / No) • Cell: • Other(s):	Phone: (Permission to text: Yes / No) • Cell: • Other(s):
Email:	Email:
Age:                      Date of Birth:	Age:                      Date of Birth:
Race/Ethnicity:                      Gender:	Race/Ethnicity:                      Gender:
Education:	Education:
Occupation:	Occupation:
Marital Status: Date Married _____ Length of Relationship _____ Years	Marital Status: Date Married _____ Length of Relationship _____ Years
Previous Marriages?	Previous Marriages?

### Family Information

Children _____ Age _____ at home Y/N _____	Children _____ Age _____ at home Y/N _____
_____	_____
_____	_____

**The Problem** – What are the most obvious difficulties that brought you to counseling?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Goal** - What is your Primary Goal for counseling? \_\_\_\_\_

\_\_\_\_\_

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**What Has Changed** - Please describe any major recent changes in your personal or work life.

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**Previous Counseling** – Please list (Individually or Couples) and with whom and when.

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**Trauma** - Have there been any significant emotional traumas in your life, past or present?

<u>Spouse/Partner #1</u>	<u>Spouse/Partner #2</u>

**Other Stressors** - What other stressors (emotional, health, financial, legal, employment, losses/deaths etc.) are affecting your current state of mind that your counselor should know?

<u>Spouse/Partner #1</u>	<u>Spouse/Partner #2</u>

**Faith Traditions** - Is there a faith/religion/spiritual tradition or practice that is important to you?

<u>Spouse/Partner #1</u>	<u>Spouse/Partner #2</u>

