

# COMMUNITY COUNSELING ASSOCIATES

1506 N. Greenville Ave, Suite 200, Allen, Texas 75002  
214-509-6888 phone 214-509-6887 fax

## Couples Check Up Session Information

Date \_\_\_\_\_

Female's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #'s: HM \_\_\_\_\_ WK \_\_\_\_\_ Mbl \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Male's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #'s: HM \_\_\_\_\_ WK \_\_\_\_\_ Mbl \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How did you find out about this offer: \_\_\_\_\_?

ALTHOUGH THE PERSON WE ARE MEETING WITH TODAY IS A PROFESSIONAL COUNSELOR, THIS SESSION HAS NOT BEEN PRESENTED AS COUNSELING BUT SIMPLY A FOLLOW UP OPPORTUNITY TO A COUPLE CHECKUP OFFERED CREATED BY PREPARE ENCRICH.

We the above and signed below acknowledge that the purpose of the session is to identify and discuss strengths and weaknesses and complete the additional resources by Prepare Enrich as we desire. If we were wish to enter into a counseling relationship, we would need to complete the standard CCA paperwork.

We also acknowledge that since the session is performed by an individual holding a state license they are still bound by the Texas LPC Code of Ethics regarding confidentiality and reporting abuse or harm to self/others.

\_\_\_\_\_  
Female's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Male's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date