Couples Counseling Initial Intake Form

Name:	Date:
Name of Partner:	
Relationship Status: (check all that apply)	
□ Married	□ Cohabitating
□ Separated	□ Living together
□ Divorced	☐ Living apart
□ Dating	
Length of time in current relationship:	
As you think about the primary reason that by your overall level of concern at this point in ti	rings you here, how would you rate its frequency and me?
Concern	Frequency
□ No concern	□ No occurrence
☐ Little concern	□ Occurs rarely
□ Moderate concern	□ Occurs sometimes
□ Serious concern	□ Occurs frequently
□ Very serious concern	□ Occurs nearly always
What do you hope to accomplish through couns	seling?
What have you already done to deal with the d	lifficulties?
What are your biggest strengths as a couple?	

(extremely un		2	3	4	5	6	7	8	9	10 (extremely happy)
se make at leas tionship regard						you cot	ıld pers	sonally	do to i	mprove the
								·		
e you received	-	-		Ü		•		-		
If yes, when										
by whom: _						1	ængui (or treating	nent	
Problems tre	eated: _									
nt was the outco	ome (c	heck o	one)?							
it was the outcome										
					. C 1	C4 1	41	$\sim - c_{\sim}$	1	
	essful	□ So	omewha	at succes	SSTUI 🗆	Stayed	ine sam	ie 🗆 301	mewna	it worse □ Much wo
	essful		omewha	at succes	sstui 🗆	Stayed	ine sam	ie 🗆 301	mewna	it worse □ Much wo
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□ Very succ	your j	partn	er beei	n in <i>indi</i>	ividual c	ounseli				
□ Very succe e either you or give a brief succe ther you or you	your j mmary	partn of co	drink	n in indi	ividual con addres	counseli sed.	ng befo	ore?	□ Y€	es No
□ Very succe e either you or , give a brief su	your j mmary	partn of co	drink	n in indi	ividual con addres	counseli sed.	ng befo	ore?	□ Y€	

	ner you or y r person?	our paru	ner stru	іск, рпу	sically 1	estram	iea, used	u violei	ice aga	ainst or injured
Yes 🗆 No	$\supset \square$ If yes f	for either,	who, ho	w often	and wh	at happ	ened.			
_										
_										
	er of you the	reatened	to sepai	rate or o	livorce	if mar	ried) as	a resu	lt of th	e current relationship
Y	'es □ No □	If yes, v	vho?	_Me	P	artner	F	Both of	us	
If marri	ed, have eitl	ier you oi	your p	oartner (consulte	ed with	a lawye	er abou	ıt divo	rce?
Y	'es □ No □	If yes, v	who?	_Me	P	artner	F	Both of	us	
Do you p	perceive tha	t either yo	ou or yo	our part	ner has	withdi	awn fro	om the	relatio	onship? Yes 🗆 No 🗆
]	If yes, which	of you ha	s withd	rawn?	Me	I	Partner		Both of	fus
How fre	quently hav	e you had	sexual	relation	ıs durin	g the la	ast mon	th?		times
How enj	oyable is yo	ur sexual	relatio	nship? (Circle o	ne)				
(6	1 extremely unpl	2 leasant)	3	4	5	6	7	8	9	10 (extremely pleasant)
How sat	isfied are yo	ou with th	e frequ	ency of	your sex	xual re	ations?	(Circle	one)	
(6	1 extremely unsa	2 atisfied)	3	4	5	6	7	8	9	10 (extremely satisfied)
What is	your curren	nt level of	stress (overall)	? (Circle	e one)				
(1	no stress)	2	3	4	5	6	7	8	9	10 (high stress)
What is	your curren	t level of	stress (in the ro	elations	hip)? ((Circle or	ne)		
(1	no stress)	2	3	4	5	6	7	8	9	10 (high stress)

	rder the top three concerns oblematic):	that you have in	your relationship wi	th your partner (1 bei	ng the
	1				
	2				
Lastly, met you you che	please draw a graph indica ir partner. Note pivotal/sign ated).	ting your level of a sificant events in yo	relationship satisfac our relationship (e.g.,	tion beginning with woone of you moved out,	hen you one of
Complete sa	atisfaction				
No satisfact	ion				
	When you met/began dating	Relations	ship over time		Current

Thank you for completing this. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in sessions but your partner will not be shown this form.