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			3	4	5	6	7	8	9	10 (extremely happy)
se make at l tionship reg					_	you cou	ıld pers	sonally	do to i	mprove the
a vou receiv	ed prior	coun	les com	ncoling :	ralated t	to any o	of the a	hove nr	ohlom	s? □ Yes □ No
If yes, wh	-	-		Ü		•		-		s. l 1cs l No
-										
Problems	s treated:									
t was the ou	utcome (check (one)?							
		□ S	omewha	at succes	ssful 🗆	Stayed	the sam	ie □ Soi	mewha	at worse □ Much wo
□ Very sı	uccessful					,				
□ Very sı	uccessful									
e either you	or your	-					ng befo	ore?	□ Ye	es □ No
·	or your	-					ng befo	ore?	□ Y€	es □ No
e either you	or your	-					ng befo	ore?	□ Y€	es 🗆 No
e either you	or your	-					ng befo	ore?	□ Y€	es 🗆 No
e either you give a brief	or your Summar	y of c	oncerns	that you	u addres	sed.				
e either you , give a brief	or your	y of c	cdrink	alcohol	u addres	ication				es No No No No No No No No No N

	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	E	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 coblematic):	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.