



## COUPLES COUNSELING INITIAL INTAKE FORM

Name: \_\_\_\_\_

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

Name of Partner: \_\_\_\_\_

Phone: \_\_\_\_\_

Is it acceptable to email you? If so, email address: \_\_\_\_\_

Relationship Status: (check all that apply)

- Married     Separated     Divorced     Dating     Cohabiting     Living together
- Living apart

Length of time in current relationship: \_\_\_\_\_

As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in time?

Concern:

- No concern     Little concern     Moderate concern     Serious concern
- Very serious concern

What do you hope to accomplish through counseling? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What have you already done to deal with the difficulties?

\_\_\_\_\_





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What was the outcome (check one)?

- Very successful     Somewhat successful     Stayed the same     Somewhat worse     Much worse

Have either you or your partner been in individual counseling before?     Yes     No

If so, give a brief summary of concerns that you addressed.

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Do either you or your partner drink alcohol to intoxication or take drugs to intoxication?

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If yes for either, who, how often and what drugs or alcohol?

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Have either you or your partner struck, physically restrained, used violence against or injured the other person?

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If yes for either, who, how often and what happened.

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Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

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If yes, who?    \_\_\_Me            \_\_\_Partner    \_\_\_Both of us

If married, have either you or your partner consulted with a lawyer about divorce?

If yes, who?    \_\_\_Me            \_\_\_Partner    \_\_\_Both of us

Do you perceive that either you or your partner has withdrawn from the relationship?

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If yes, which of you has withdrawn?    \_\_\_Me            \_\_\_Partner    \_\_\_Both of us

How frequently have you had sexual relations during the last month? \_\_\_\_\_times

How enjoyable is your sexual relationship? (Circle one)

1      2      3      4      5      6      7      8      9      10

(extremely unpleasant)

(extremely pleasant)

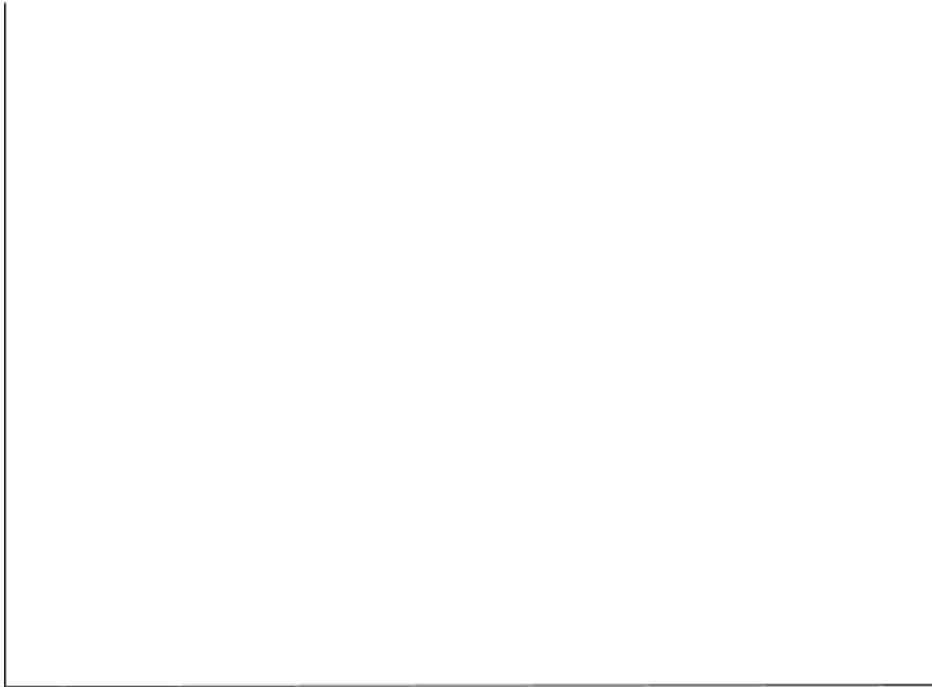




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Lastly, please draw a graph indicating your level of relationship satisfaction beginning with when you met your partner. Note pivotal/significant events in your relationship (e.g., one of you moved out, one of you cheated).

**Complete satisfaction**



**No satisfaction**

**Relationship over time**

*When you met/began dating*

*Current*



## **COUPLES COUNSELING INITIAL INTAKE FORM**

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.