Couples Counseling Intake Form

Name: _____ Date: _____

Name of Partner: _____

Relationship Status: (check all that apply)

□ Married

□ Separated

□ Divorced

□ Dating

□ 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

Frequency

□ No occurrence

□ Occurs rarely

□ Occurs sometimes

□ Occurs frequently

What do you hope to accomplish through counseling?

_____

_____

_____

What have you already done to deal with the difficulties?

_____

_____

_____

What are your biggest strengths as a couple?

_____

_____

_____

Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship.

1 2 3 4 5 6 7 8 9 10: Lowest being extremely unhappy and highest being extremely happy.

Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does.

_____

_____

_____

Have you received prior couples counseling related to any of the above problems? □ Yes □ No

If yes, when: _____ Where: _____

By whom: _____ Length of treatment: _____

Problems treated: _____

_____

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.

_____

_____

_____

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? If yes for either, who, how often and what drugs or alcohol?

_____

_____

_____

Have either you or your partner struck, physically restrained, used violence against or injured the other person? If yes for either, who, how often and what happened.

_____

_____

_____

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

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Do you perceive that either you or your partner has withdrawn from the relationship?

If yes, which of you has withdrawn?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: Lowest being extremely unpleasant and highest being extremely pleasant.

How satisfied are you with the frequency of your sexual relations? (Circle one)

1 2 3 4 5 6 7 8 9 10: Lowest being extremely unsatisfied and highest being extremely satisfied.

What is your current level of stress (overall)? (Circle one)

1 2 3 4 5 6 7 8 9 10: Lowest being no stress at all and highest being a high stress level.

What is your current level of stress (in the relationship)? (Circle one)

1 2 3 4 5 6 7 8 9 10: Lowest being no stress at all and highest being a high stress level.

Rank order the top three concerns that you have in your relationship with your partner (1 being the most problematic):

1. _____

2. _____

3. _____