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 brings your overall level of concern at this point in time?	you here, how would you rate its frequency and
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 have you already done to deal with the difficul	Ities?
What are your biggest strengths as a couple?	
-	

Please rate your current level of your current feelings about the	of relationship relationship.	o happino	ess by	eireling	the nu	mber	that corresponds with
(extremely unhappy) 2	3 4	5	6	7	8	9	10 (extremely happy)
Please make at least one sugges relationship regardless of what	your partner	does.					
					COLUMN TO THE REAL PROPERTY OF THE PARTY OF		s?
If yes, when:			_ V	/here:			
By whom:							
Problems treated:			-				
What was the outcome (check one)?		- Anna Anna Anna Anna Anna Anna Anna Ann				
□ Very successful □ Som	ewhat success	sful 🗆 St	ayed th	ne same	□ Som	newhat	worse Much worse
Have either you or your partner if so, give a brief summary of con-	been in indiv cerns that you	ridual cou addresse	ınselin d.	g befor	e?	□ Yes	□ No
Do either you or your partner di	rink alcohol to	o intoxic : or alcoho	ation o	r take o	lrugs to) intox	ication? Yes □ No □

the other perso	n ?							d viole	nce ag	ainst or injured
Yes 🗆 No 🗆 II	yes for	r either.	who, he	ow often	and wh	at happe	ened.			
-										
Has either of yo problem	u thre s?	atened	to sepa	rate or d	livorce	(if marı	ried) as	a resul	lt of th	e current relationship
Yes 🗆 No	o 🗆	If yes,	who?	_Me	P	artner	B	oth of	us	
If married, have	e eithei	r you o	r your p	artner c	onsulte	ed with	a lawye	r abou	t divo	rce?
Yes 🗆 No) [If yes, v	vho?	_Me	P	artner	B	oth of t	1S	
Do you perceive	that e	ither yo	ou or yo	ur partı	ier has	withdra	awn fro	m the i	relatio	nship? Yes 🗆 No 🗅
If yes, w										
How frequently	have y	ou had	sexual	relations	durin	g the las	st montl	h?	t	imes
How enjoyable is	s your	sexual	relation	ship? (C	ircle or	ne)				
(extremely	l unpleas	2 ant)	3	4	5	6	7	8	9	10 (extremely pleasant)
How satisfied are	e you v	vith the	freque	ncy of yo	our sex	ual rela	tions? (Circle o	one)	
(extremely	unsatisf	2 ied)	3	4	5	6	7	8	9	10 (extremely satisfied)
What is your cur	rent le	vel of s	tress (o	verall)?	(Circle	one)				
(no stress)	1	2	3	4	5	6	7	8	9	10 (high stress)
What is your cur	rent le	vel of s	tress (in	the rela	tionshi	p)? (Cir	cle one))		
(no stress)	1	2	3	4	5	6	7	8	9	10 (high stress)

o satisfaction When	Relationship over time you met/began dating	Current
omplete satisfact	tion	
	se draw a graph indicating your level of relationship satisfaction beginning with rtner. Note <i>pivotal/significant events</i> in your relationship (e.g., one of you moved out.	
	3	
	2.	
	1.	

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.