

Couples Counseling Initial Intake Form

** indicates a required field*

Prior to your first appointment, please answer all questions below. Do not spend too much time on any question.

*** Name of partner:**

*** 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 frequently does it occur?**

- ☐ No occurrence
- ☐ Occurs rarely
- ☐ Occurs sometimes
- ☐ Occurs frequently
- ☐ Occurs nearly always

*** As you think about the primary reason that brings you here, how would you rate your overall concern about it?**

- ☐ 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?**

*** What are your biggest strengths as a couple?**

*** Please rate your current level of relationship happiness by selecting the number that corresponds with your current feelings about the relationship:**

- ☐ 1 = Extremely unhappy
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 = Extremely happy

*** Have you received prior couples counseling related to any of the above problems?**

- ☐ Yes
- ☐ No

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

*** If you have received prior couples counseling, when did this occur? (If you have not received prior couples counseling, please type N/A.)**

*** If you have received prior couples counseling, where did this occur? (If you have not received prior couples counseling, please type N/A.)**

*** If you have received prior couples counseling, who counseled you? (If you have not received prior couples counseling, please type N/A.)**

*** If you have received prior couples counseling, what was the length of treatment? (If you have not received prior couples counseling, please type N/A.)**

*** If you have received prior couples counseling, what were the problems that were treated? (If you have not received prior couples counseling, please type N/A.)**

*** Have either you or your partner been in individual counseling before?**

☐ Yes

☐ No

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

☐ Yes

☐ No

*** If you have received prior couples counseling, what was the outcome? (If you have not received prior couples counseling, please type N/A.)**

- ☐ Much worse
- ☐ Somewhat worse
- ☐ Stayed the same
- ☐ Somewhat successful
- ☐ Very successful
- ☐ N/A

*** If married, has either of you threatened to separate or divorce as a result of the current relationship problems? If not married, please answer N/A.**

- ☐ Yes
- ☐ No
- ☐ N/A

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

*** If married, have either you or your partner consulted with a lawyer about divorce?
If not married, please answer N/A.**

- ☐ Yes
- ☐ No
- ☐ N/A

*** How frequently have you had sexual relations during the last month?**

*** How satisfied are you with the frequency of your sexual relations?**

- ☐ 1 = Extremely unsatisfied
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 = Extremely satisfied

*** How enjoyable is your sexual relationship?**

- ☐ 1 = Extremely unpleasant
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 = Extremely pleasant

*** What is your current level of stress (overall)?**

- ☐ 1 = No stress
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 = High stress

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

- ☐ 1 = no stress
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 = high stress

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

Thank you for completing this. Please note that you will be asked to talk about your answers in appointments, but your partner will not be shown this form.