



Couples Counseling Initial Intake Form

Name: _____ **Date:** _____

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 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
- Occurs nearly always

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 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

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

Yes No

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Do you perceive that either you or your partner has withdrawn from the relationship?

If yes, which of you has withdrawn?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

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

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

1. _____

2. _____

3. _____

Thank you for completing this. Please bring this with you during your first appointment. Please note that you might be asked to talk about your answers in sessions but your partner will not be shown this form.