

Couples Counseling Initial Intake Form

Name:	Gender Pronoun(s):	Date:
Name of Partner(s):	Ger	nder Pronoun(s):
Relationship Status: (check all that apply together Living apart Cohabitat		orced Dating Living
Relationship Type (check all that apply) monogamy		rfidelity 🗌 Consensual Non-
Length of time in current relationship:		
As you think about the primary reason the level of concern at this point in time?	nat brings you here, how would you ro	ate its frequency and your overa
Concern	Frequen	су
 No concern Little concern Moderate concern Serious concern Very serious concern 	☐ Occu ☐ Occu ☐ Occu	ccurrence ors rarely ors sometimes ors frequently ors nearly always
What do you hope to accomplish throug	gh counseling?	
What have you already done to deal wi	th the difficulties?	

What are your biggest stre	ngths as a co	ouple?					
Please rate your current letelings about the relations		nship happir	ness by the	number the	at correspon	nds with you	r curren
☐1 ☐2 ☐3 (extremely unhappy)	4	□5	□6	□ 7	□8	☐9 (extremel	□10 y happy
Please make at least one s regardless of what your pa		s to somethi	ng you cou	uld personal	lly do to imp	prove the re	lationshi
Have you received prior c	ouples couns	eling relate	d to any of	the above	problems? [□Yes □ No	······································
If yes, when:			Whe	re:			
By whom:	Length of treatment:						
Problems treated:							
What was the outcome (ch ☐ Very successful ☐ Som		essful Stay	yed the sar	me ∐Some	what worse	☐Much wo	orse
Have either you or your po summary of concerns that			counseling	before? □	Yes 🗌 No If	i so, give a l	brief
Do either you or your partn	er(s) drink al	cohol to into	oxication o	r take drug	s to intoxica	tion? 🗌 Yes	 :
If yes for either, who, how	often and wh	at drugs or c	alcohol?				

							·
Have either you or person? If yes for either, wh					sed violenc	e against or	injured the other
Has either of you th	nreatened	to separat	e or divorce	(if married) as a resulf	of the curre	nt relationship
If yes, who?Me	Partne	erBoth c	of us				
If married, have eit	her you o	r your partı	ner consulted	d with a lav	vyer about	divorce?	
If yes, who?Me	Partne	erBoth c	of us				
Do you perceive th	nat either y	ou or your	partner has	withdrawn	from the re	lationship?	
If yes, which of you	has withou	drawn?	MePartn	erBoth	of us		
How frequently have	ve you ha	d sexual re	lations durin	g the last n	nonth?	times	
How enjoyable is y 1 2 (extremely unplease	□3	l relationsh 4	ip? (Check ∈	one) □6	□ 7	□8	□9 □10 extremely pleasant)
How satisfied are y 1 2 (extremely unsatis	□3	e frequenc	y of your sex	cual relation	ns? (Check □7	□8	9 10 extremely satisfied)
What is your currer 1	nt level of : □3	stress (ovei 4	rall)? (Circle 5	one) ∐6	□ 7	□8	□9 □10 (high stress)
What is your currer	nt level of	stress (in th	e relationshi	p)? (Circle	one)		
□1 □2 (no stress)	□3	□4	□5	□6	□ 7	□8	□9 □10 (high stress)

Rank order the top three concerns that you have in your relationship with y problematic):	our partner (1 being the most
1	
2	
3	
Lastly, please draw a graph indicating your level of relationship satisfaction your partner. Note pivotal/significant events in your relationship (e.g., one cheated).	
Complete satisfaction	
1	
Relationship over time	
No satisfaction	
When you met/began dating	Current

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.