

Couples Therapy Initial Intake Form

Please complete this questionnaire to the best of your abilities and comfortability and bring it with you to your first appointment. Please note that I'll collect these forms from you and your partner, and throughout your treatment these topics will be explored when appropriate; however, your partner will not be shown this form.

Client's Name: _____ **Date:** _____

Name of Partner: _____

Relationship Status: (check all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Cohabiting |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Living in the same household |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Living apart |
| <input type="checkbox"/> Dating | |

Length of time in current relationship: _____

What is the challenge or challenges that led you to decide to come to couples therapy?

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

Rank the order of the top three concerns that you have in your relationship with your partner, if different from above (1 being the most problematic):

1. _____
2. _____
3. _____

What was the outcome? (check one please)

- Very successful
- Somewhat successful
- Stayed the same
- Somewhat worse
- Much worse

Do either you or your partner drink alcohol or take drugs? Yes No

If yes for either, who, how often and what drugs and/or alcohol?

Have either you or your partner struck, physically restrained, used violence against or injured the other person? Yes No

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? Yes No

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Do you perceive that either you or your partner has withdrawn from the relationship?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, who? Me Partner Both of us

How enjoyable is your sexual relationship? (circle one please)

1 2 3 4 5 6 7 8 9 10

extremely unpleasant extremely pleasant

How satisfied are you with frequency of your sexual relations? (circle one please)

1 2 3 4 5 6 7 8 9 10

extremely unsatisfied extremely satisfied

Lastly, please draw a graph indicating your level of relationship satisfaction beginning with when you met your partner. Note pivotal/significant events in your relationship (e.g., one of you moved out, one of you cheated)

