

Couples Counseling Initial Intake Form

Name: _____

Date: _____

**Name of
Partner:** _____

Relationship Status: (check all that apply)

Married Separated Divorced Dating

Living together Living apart

Length of time in current relationship:

**What are the main difficulties that you are experiencing in
your relationship?**

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What do you hope to accomplish through counseling?

What have you already done to deal with the difficulties?

In a perfect world, what would you ideally like the relationship to look like?

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From your point of view, what needs to happen in order for the relationship to become what you want it to be?

Are there ways that you do not trust your partner? If there are

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ways you do not trust your partner, what are the ways you do not trust your partner, and why?

From your point of view, do you have a role in the difficulties in the relationship? If yes, what do you see as your role in the difficulties?

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If you do feel you have a role in the difficulties in the relationship, do these difficulties pre-date your current relationship? If yes, what form and manifestations did your contributions, your role in your current difficulties, take in previous relationships?

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If you think that you have a role in the difficulties in the relationship, how motivated are you to address your contributions to the difficulties in the relationship? Would you want to work on these issues for your own sake regardless of whether or not this relationship lasts into the future or not?

Do you think your partner has a role in the difficulties? If so, what do you see as your partner's role in the difficulties?

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How committed are you to the longevity of the relationship?
(enter a number in the field):

(Extremely noncommittal) 1 2 3 4 5 6 7 8 9 10 (extremely committed)

If you have one foot in and one foot out of the relationship, can you identify the time when this happened?

What are your biggest strengths as a couple?

Is this a monogamous relationship? If so, has unfaithfulness ever been a problem in this relationship? If yes, who was unfaithful to whom? Was the affair discovered, and if so, how?

Have you received prior couples counseling related to any of the above problems? Yes No

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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

Have either you or your partner been in *individual* counseling before? Yes No If so, give a brief summary of concerns that you addressed.

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

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.

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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

What is your current level of stress (overall)? (enter a number in the field): _____

(No stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

What is your current level of stress (in the relationship)?
(enter a number in the field): _____

(No stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

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

1.

2.

3.

In the event that you hire me -- do you plan on paying for sessions with credit/debit card (an added 3% fee for processing cost), cash, check, PayPal, or Venmo?

The information provided is necessary for proper treatment and shall remain confidential.

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