

# Couples Counseling Initial Intake Form

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*\* indicates a required field*

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

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**\* 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):**

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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.