Couples Counseling

Intake Form

INSTRUCTIONS: To assist me in helping you, please fill out this form as fully and openly as possible. Your answers will help plan a course of couples therapy that is most suitable for you and your partner. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

DEMOGRAPHIC INFORMATION:

Name: _____ Age: _____

Address: _____
Street and Number City State Zip

Phone: _____ Can I call you here? _____ Can I leave a message? _____

Email address: _____

In case of emergency, please notify: _____

Emergency contact phone: _____ Relationship to client: _____

RELATIONSHIP INFORMATION:

1. Please indicate your relationship status: (check all that apply)
___ Married ___ Dating ___ Separated ___ Divorced ___ Cohabiting ___ Partnered

2. Briefly tell me about the issues/concerns that have brought you here. Why are you seeking couples counseling at this time?

_____

_____

_____

_____

3. Have you been married before? No _____ Yes _____: (if yes, # of times?) _____

4. How long have you and your partner been in this relationship? _____

5. Are you and your partner presently living together? Yes _____ No _____

6. Are you and your partner engaged to be married? Yes _____ No _____
If yes, when? _____
If not, is this a source of conflict? Yes _____ Maybe _____ No _____

7. Do you feel as though your temper adversely affects your relationship? Yes ___ No ___
Your partner's temper? Yes ___ No ___

8. Do you feel as though your mood adversely affects your relationship? Yes ___ No ___
Your partner's mood? Yes ___ No ___
If you answered yes to either, which moods? _____

9. **If neither you nor your partner has children, please move on to Question #10**. If either you or your partner have children, please fill out the following information for each child:

*Whose child? answering options:
B = both of ours, natural child
BA = both of ours, adopted (or taken on)
M = my natural child
MA = my child, adopted (or taken on)
P = partner's natural child
PA = partner's child, adopted (or taken on)

	Child's name	Age	*Whose child?	Lives with whom?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

10. Please mark the appropriate response to indicate whether any of the following are current or past issues in the relationship. If not applicable, leave blank.

C = current issue P = past issue

___ Affection
___ Emotional closeness
___ Commitment
___ Communication
___ Child-rearing practices
___ Chores
___ Controllingness
___ Defensiveness
___ Degrading/demeaning comments
___ Divorce
___ Family responsibilities
___ Financial issues
___ Flirting with others
___ Gambling
___ Getting engaged
___ Honesty
___ Housework
___ Irresponsible behavior
___ Jealousy
___ Love
___ Lying
___ Outside interests
___ Parenting
___ Past relationships
___ Perfectionism
___ Physical attraction
___ Pregnancy issues
___ Respect
___ Sexual fulfillment
___ Social life
___ Spiritual concerns
___ Stubbornness
___ Time together
___ Trust
___ Violence
___ Withdrawing
___ Working too much

11. **If conflicts or fights are NOT an issue, please move on to Question #12**. If they are an issue, please circle the appropriate response for each. If some of the following behaviors take place only during MILD arguments, circle an "M" in the appropriate blank. If they take place only during SEVERE arguments, circle an "S." If they take place during all arguments, circle an "A." Fill this out for you and your perception of your spouse. If certain behaviors do not take place, leave them blank.

Behavior	**By Me:**	**By Partner:**	**Is this a source of conflict?**
1. Apologizing	M S A	M S A	Yes No
2. Becoming silent/withdrawing	M S A	M S A	Yes No
3. Breaking things	M S A	M S A	Yes No

4.	Bringing up the past	M	S	A	M	S	A	Yes	No
5.	Criticizing	M	S	A	M	S	A	Yes	No
6.	Cruel accusations	M	S	A	M	S	A	Yes	No
7.	Crying	M	S	A	M	S	A	Yes	No
8.	Leaving the house	M	S	A	M	S	A	Yes	No
9.	Making peace	M	S	A	M	S	A	Yes	No
10.	Moodiness	M	S	A	M	S	A	Yes	No
11.	Name-calling	M	S	A	M	S	A	Yes	No
12.	Not listening	M	S	A	M	S	A	Yes	No
13.	Physical abuse	M	S	A	M	S	A	Yes	No
14.	Physical threats	M	S	A	M	S	A	Yes	No
15.	Sarcasm	M	S	A	M	S	A	Yes	No
16.	Screaming	M	S	A	M	S	A	Yes	No
17.	Slamming doors	M	S	A	M	S	A	Yes	No
18.	Speaking irrationally	M	S	A	M	S	A	Yes	No
19.	Speaking rationally	M	S	A	M	S	A	Yes	No
20.	Sulking	M	S	A	M	S	A	Yes	No
21.	Swearing	M	S	A	M	S	A	Yes	No
22.	Threatening breaking up	M	S	A	M	S	A	Yes	No
23.	Threatening to take the kids	M	S	A	M	S	A	Yes	No
24.	Throwing things	M	S	A	M	S	A	Yes	No
25.	Verbal abuse	M	S	A	M	S	A	Yes	No
26.	Yelling	M	S	A	M	S	A	Yes	No
26.	_____	M	S	A	M	S	A	Yes	No

12. Have you ever been verbally abusive to your partner? Yes ___ No ___ I don't know ___
Has your partner ever been verbally abusive to you? Yes ___ No ___ I don't know ___

13. Have you every been physically abusive to your partner? Yes ___ No ___ I don't know ___
Has your partner ever been physically abusive to you? Yes ___ No ___ I don't know ___

14. Have you ever had an affair (or inappropriate outside relationship) during your current relationship? Yes ____ No ____
If yes, is the affair current? Yes ____ No ____
If yes to either question, do you want this shared with your partner? Yes ____ No ____

15. Has your partner ever had an affair (or inappropriate outside relationship) during your current relationship? Yes ____ No ____
If yes, is the affair current? Yes ____ No ____

16. Has anyone urged you to come here? Yes ____ No ____
If yes, who? _____ Why? _____

17. Have you ever been in couples therapy before? Yes ____ No ____
If yes, what was the experience like?

_____

18. Please fill in the percentages to indicate your amount of satisfaction and commitment:

I am _____ **%** committed to staying in our relationship.

I am _____ **%** satisfied in our relationship.

19. On a scale from 0 to 6, how would you rate your current level of happiness in your relationship?

0	1	2	3	4	5	6
Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect

INDIVIDUAL INFORMATION:

20. Please fill in any current or past issues that are personally affecting you. If an item does not apply, leave it blank.

___ Academic/work issues
___ Childhood abuse (physical, sexual, emotional)
___ Crying
___ Depression
___ Difficulty concentrating
___ Difficulty sleeping
___ Drinking heavily
___ Drug use: _____
___ Eating binges
___ Eating disorders/body image
___ Family-of-origin issues
___ Feeling afraid
___ Identity issues (gender, sexual, etc.)
___ Injuring self
___ Loneliness
___ Memory loss/blackout
___ Missing work/class
___ Parenting
___ Phobias (type: _____)
___ Physical symptoms (i.e. headaches, digestive): _____
___ Pornography
___ Pregnancy issues
___ Sexual assault/rape
  ___ Recently (when: _____)
  ___ In the past
___ Sexual preoccupations/obsessions
___ Spiritual concerns
___ Stealing
___ Stress/anxiety
___ Substance use
___ Suicidal thoughts
___ Withdrawing socially
___ Other: _____

21. Have you ever been in individual therapy before? Yes ____ No ____

If yes, why did you seek treatment? _____

22. Are you currently seeing a therapist? Yes ____ No ____

If yes, what is your therapist's name? _____

If yes, why are you in therapy? _____

Would you like for us to be in contact with each other? Yes ____ No ____ Maybe ____

23. Are you currently working with a psychiatrist? Yes ____ No ____

If yes, what is your psychiatrist's name? _____ Phone: _____

What is the psychiatrist treating you for? _____

Would you like for us to be in contact with each other? Yes ____ No ____ Maybe ____

24. Are you currently on any medications for mental health issues? (please list)

_____

25. Have you been on any medications for mental health issues in the past? (please list)

_____

26. Are you currently taking any herbals or supplements? _____

27. Have you had any previous suicide attempts? Yes _____ No _____ If yes, please describe:

_____

28. Are there any physical health concerns that may be relevant?

_____

INSURANCE INFORMATION: Please fill out the following information if you are paying for your couples counseling sessions through insurance. Note that Questions #3-5 refer to the demographic information that you currently have on file with your insurance company.

1. Member name: _____ 2. Member number: _____

3. Gender: _____ 4. DOB: _____

4. Address: _____

Street and Number City State Zip