

**Couples Intake Form**

Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship Status \_\_\_\_\_

Years together \_\_\_\_\_

Names of children/Ages \_\_\_\_\_

**Please complete the questions below.**

1. What do you find most fulfilling about your relationship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What do you like most about your partner? \_\_\_\_\_

\_\_\_\_\_

3. How long have you and your partner been together? In what form (e.g., dating, living together, married)? \_\_\_\_\_

4. What initially attracted you to your partner? \_\_\_\_\_

5. What was the beginning of your relationship like and how long did this phase last? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. What is the main problem that led you to decide to come to couples therapy? When did you first start to notice these issues and what steps, if any, have you taken to try to resolve them? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. What are the things you most want to change in your marriage? \_\_\_\_\_

\_\_\_\_\_

8. When do you feel most content in your relationship? When do you feel most unhappy or frustrated?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

9. How often do you argue? What do you most often argue about? \_\_\_\_\_

\_\_\_\_\_

10. What do you do when there is conflict between the two of you? What does your partner do? \_\_\_\_\_

\_\_\_\_\_

11. Do your arguments get physical? Verbally abusive? Please detail. \_\_\_\_\_

\_\_\_\_\_

12. Who initiates sex most often? \_\_\_\_\_

13. How often do you have sex? \_\_\_\_\_

14. If you are not having sex, when and how did it stop? \_\_\_\_\_

15. Do you believe you or your spouse have a sex addiction? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

16. Have either you or your partner had an affair? When? How long did it last? \_\_\_\_\_

\_\_\_\_\_

17. How are the two of you similar and how are you different? \_\_\_\_\_

\_\_\_\_\_

18. Are there significant times in your present relationship that you felt your partner was not there for you? \_\_\_\_\_

\_\_\_\_\_

19. Is it hard for you to turn to and trust others, to let them close when you really need them? What do you do when life gets too big to handle or when you feel alone? \_\_\_\_\_

\_\_\_\_\_

20. Name two specific things that would make you feel safer and more secure in your present relationship. \_\_\_\_\_

21. Name 3 positive adjectives which describe your mother. \_\_\_\_\_

\_\_\_\_\_

22. Name 3 negative adjectives which describe your mother. \_\_\_\_\_

\_\_\_\_\_

23. Name 3 positive adjectives which describe your father. \_\_\_\_\_  
\_\_\_\_\_

24. Name 3 negative adjectives which describe your father. \_\_\_\_\_  
\_\_\_\_\_

25. Do you enjoy being involved in activities separate from your partner? What do you like to do in those situations? \_\_\_\_\_

26. How comfortable are you if your partner spends free time away from you? \_\_\_\_\_  
\_\_\_\_\_

27. Do you have relationships with other people that create conflict with your partner, and if so, why?  
\_\_\_\_\_  
\_\_\_\_\_

28. On a scale of 1 to 10, how aware or in touch with your emotions are you (1=not at all and 10=extremely)? Explain the rating you give yourself. \_\_\_\_\_  
\_\_\_\_\_

29. On a scale of 1 to 10, how open are you in expressing your innermost feelings, desires and thoughts to your partner (1=totally closed and 10=totally open)? Explain the rating you give yourself. \_\_\_\_\_  
\_\_\_\_\_

30. What is the area or topic that it is most difficult for you to open with your partner about? Why? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. When you could use support or encouragement from your partner, do you get it? How? When your partner wants support of encouragement from you do you feel that you give it? How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. On a scale of 1 to 10, describe your level of commitment to your relationship (1=not at all, 10=extremely). Explain the rating you give yourself. \_\_\_\_\_  
\_\_\_\_\_

33. On a scale of 1 to 10, how much do you still love your partner (1=not at all, 10=very deeply)? Explain the rating you give yourself. \_\_\_\_\_  
\_\_\_\_\_

34. On a scale of 1 to 10, how much do you respect your partner (1=not at all, 10=very highly)? What is it about him that creates that level of respect in you? \_\_\_\_\_

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35. What role have you played in contributing to the problems in your relationship; what tendencies do you have and what actions have you taken that have helped create or have added to the difficulties between you two? \_\_\_\_\_

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36. Have you or your partner been in individual counseling or coaching before? \_\_\_\_\_

37. Have you done any previous relationship counseling to address these problems? \_\_\_\_\_

38. If so, give a brief summary (who, how often, outcome). \_\_\_\_\_

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39. Please list all therapists or coaches you are currently seeing (if any). For each, include their role and whether I have permission to contact him/her if needed. \_\_\_\_\_

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40. Do you have any concerns about couples counseling? \_\_\_\_\_

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41. Anything else about your relationship you wish to share? \_\_\_\_\_

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**Please answer each question as completely and accurately as possible. Your information will help me learn about your relationship and help me plan your treatment.**

Use this scale to answer the questions below. 0 25% 50% 75% 100%

\_\_\_\_\_ % I am committed to staying in our relationship.

\_\_\_\_\_ % I am satisfied in my relationship.

\_\_\_\_\_ % I feel disorganized by all this negative emotion.

\_\_\_\_\_ % I can't think straight when my partner gets so negative.

\_\_\_\_\_ % Talking things over with my partner only seems to make them worse.

\_\_\_\_\_ % I have little confidence that we can discuss a significant problem without fighting.

\_\_\_\_\_ % I am unhappy with my relationship.

\_\_\_\_\_ % I have often felt like leaving my partner.

\_\_\_\_\_ % I often don't feel close to my partner.

\_\_\_\_\_ % I'm satisfied with our sex life.

\_\_\_\_\_ % I feel lonely in our relationship.

\_\_\_\_\_ % I feel we are disconnected.

\_\_\_\_\_ % My partner and I live pretty separate lives.

\_\_\_\_\_ % I confide in a special person outside of our relationship. Who?

\_\_\_\_\_ % There are specific events in our relationship which I am having trouble getting over. What are they?

\_\_\_\_\_ % In spite of all our problems, I believe that my partner really cares about me.

***Thank you for your feedback!***