



*Couples counseling intake*

Client Legal Name: First \_\_\_\_\_, Last \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Partner: First \_\_\_\_\_, Last \_\_\_\_\_

Current Relationship Status: \_\_\_\_\_

Length of time in current relationship:

\_\_\_\_\_

As you think about the primary reason that brought you to choose couple's counseling, how would you rate its frequency and your overall level of concern at this point in time?

Concern \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Frequency \_\_\_\_\_

What do you hope to accomplish through counseling?

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

What have you already done to attempt to help with your current relationship difficulties?

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

What are your biggest strengths as a couple?

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

Please rate your current level of relationship happiness on a scale of 1 to 10,  
with the number

1 representing 'extremely unhappy' and 10 representing 'extremely happy'.

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Please make at least one suggestion as to something you could personally do to  
improve the relationship regardless of what your partner does.

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Have you received prior couples counseling related to any of the problems  
you're attempting to resolve now? \_\_\_\_\_

If 'yes', tell me when, from whom, where, and the length of treatment.

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What was the outcome?

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Have either you or your partner been in individual counseling before?

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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 injure the other person? \_\_\_\_\_

If yes for either, who, how often and what happened?

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

Have either of you threatened to separate or divorce (if married) as a result of the current relationship problems? \_\_\_\_\_

If yes, who? \_\_\_\_\_

If married, have either you or your partner consulted with a lawyer about divorce?

\_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you perceive that either you or your partner has withdrawn from the relationship?

\_\_\_\_\_ If yes, which of you has withdrawn? \_\_\_\_\_

How frequently have you had sexual relations with your partner during the last month? \_\_\_\_\_

How enjoyable is your sexual relationship with your partner on a scale of 1 to 10, with 1 representing 'extremely unpleasant' and 10 representing 'extremely pleasant'. \_\_\_\_\_

How satisfied are you with the frequency of your sexual relations with your partner on a scale of 1 to 10, with 1 representing 'extremely unsatisfied' and 10 representing 'extremely satisfied'. \_\_\_\_\_

What is your current level of stress overall on a scale of 1 to 10, with 1 representing 'no stress' and 10 representing 'extreme stress'. \_\_\_\_\_

What is your current level of stress (in the relationship) on a scale of 1 to 10, with 1 representing 'no stress' and 10 representing 'extreme stress'. \_\_\_\_\_

Rank order the top three concerns that you have in your relationship with your partner, with the first listed being the most problematic:

Concern # 1

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Concern # 2

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Concern # 3

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Please discuss any significant or pivotal events in your relationship and when they happened.

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Thank-you for completing this form. Please note that you will be asked to talk about your answers in sessions, but your partner will not be shown this form.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_