

Couples Intake

Name:

Email:

Date:

As I see it, the primary reason we have sought couples therapy is _____

My partner will say the primary reason we have sought couples therapy is _____

My previous experience with counseling, including individual, couples or family: _____ check if NONE

The main challenge with communication in our relationship is that my partner _____

and I _____

Number of times/week we eat a meal together: _____

Approximate # of alcoholic drinks in an average week I drink: _____ My partner: _____

Highest level of education completed for me/ my partner: _____ / _____

My occupation/my partner's: _____ / _____

What does your partner depend on you for? _____

What do you depend on your partner for? _____

What do you and/or your partner consider your relationship's strengths?



Couples Intake: Family History

Who raised you?

Where? (city, state)

Who else was around? (brothers/sisters/foster kids/step siblings/grandparents, etc)

I am an (please circle) Oldest Youngest Middle sibling of ___ brothers and ___ sisters.

How did people in your family handle conflict, growing up?

How were you taught right/wrong?

What challenges were there for your family growing up?

How are your expectations for your relationship different from what you saw growing up? What do you hope to do better than what you saw your parents do?



Couples Intake: Family History

Please list the BEST and WORST qualities of your primary caregivers ("traditionally"-mother/father):

BEST
1st primary caregiver

WORST

2nd primary caregiver if applicable

*Of the above traits, please circle any that you may see in your partner. They may play out differently with him or her, but could still be called by the same name.

