



## COUPLE'S INTAKE FORM

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

File # (Office Use) \_\_\_\_\_

Client's Full Name (First, Middle, Last) \_\_\_\_\_

E-mail (Receipts by email): \_\_\_\_\_  Free Newsletter Subscription

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender \_\_M\_\_F

How did you hear about us?  Google  Yahoo  YellowPages.com  Therapy Directory  
 Referral (Name) \_\_\_\_\_  Phone Book  Other \_\_\_\_\_

To assist us in helping you, please fill out this form as fully and openly as possible. Your answers will help plan a course of couple's therapy that is most suitable for you and your partner. **Do not exchange this information with your partner at this time.**

Several of your answers on this form may be shared later with your partner during joint therapy sessions if you give permission. For this reason, you are advised to respond honestly and carefully to each item. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

Have you been married before?  Yes  No If yes, how many previous marriages? 1 2 3 4 5+

How long have you and your partner been in this relationship? \_\_\_\_\_

Are you and your partner presently living together?  Yes  No

Are you and your partner engaged to be married?  Yes When? \_\_\_\_\_  No

Fill out the following information for each child of whom the natural parent is both you and your partner, children from previous relationships, and adopted children.

Neither of us has children (go to the next page)  One or each of us has children (continue)

\*"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	SEX	Whose Child	Lives with you?
_____	_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

List five qualities that initially attracted you to your partner

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He/she still has this trait?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

List four negative concerns about your partner you initially had in the relationship

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Does your partner still possess this trait?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

List five present positive attributes of your partner

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Do you often praise for this?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

List five present negative attributes of your partner

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Do you often nag about this?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

List five things you do (or could do) to make the marriage more fulfilling for your partner

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Do you often implement this behavior?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

List five things your partner does (or could do) to make your marriage more fulfilling for you

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Does your partner often implement this behavior?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

List five expectations or dreams you had about relationships before  
 You met your partner

Has this been fulfilled in your  
 relationship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_ Yes      \_\_\_\_\_ No

On a scale of 1 to 5, rate the following items as they pertain to:

1. The present state of the relationship
2. Your need or desire for it
3. Your partner's need or desire for it

**Circle the Appropriate Response for Each** (if not applicable, leave blank).

	Present State of the Relationship					Your Need or Desire					Partner's Need or Desire				
	<i>Poor</i>				<i>Great</i>	<i>Poor</i>				<i>Great</i>	<i>Poor</i>				<i>Great</i>
Affection	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Appreciation	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Child Rearing Rules	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Commitment Together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Communication	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Emotional Closeness	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Financial Security	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Honesty	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Housework sharing	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Love	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Physical Attraction	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Religious Commitment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Respect	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sexual Fulfillment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Social Life Together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Time Together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Trust	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other Issues (specify)															
_____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
_____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
_____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
_____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
_____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

SPECIAL CONCERNS	Your Problem	Partner's Problem	Partner Acknowledges This Problem?
Anger Issues	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Alcohol/Drug Use	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Chronic Illness	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Depression/Mood Swings	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Financial Irresponsibility	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Flirtatiousness	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Gambling	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Infidelity/Trust Issues	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Internet Pornography	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Pornography	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Problems with Ex-Spouse	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Sexual Dysfunction	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Workaholic	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

**FOR COUPLES LIVING TOGETHER:** Which partner spends more time conducting the following activities?

**Circle the Appropriate Response for Each** (if not applicable, leave blank). **M** = Me **P** = Partner **E** = Equal Time

		Is this equitable (fair)?	Comments
Auto Repairs	M P E	___ Yes ___ No	_____
Budgeting	M P E	___ Yes ___ No	_____
Childcare	M P E	___ Yes ___ No	_____
Child discipline	M P E	___ Yes ___ No	_____
Cleaning Bathrooms	M P E	___ Yes ___ No	_____
Cooking	M P E	___ Yes ___ No	_____
Employment	M P E	___ Yes ___ No	_____
Event Planning	M P E	___ Yes ___ No	_____
Financial Planning	M P E	___ Yes ___ No	_____
Grocery Shopping	M P E	___ Yes ___ No	_____
Parent Caregiving	M P E	___ Yes ___ No	_____
Plan Couple's Outings	M P E	___ Yes ___ No	_____
Special Needs Child	M P E	___ Yes ___ No	_____

Other comments which will help us in understanding your situation better

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