

# Couples Intake

## Clients Information

Name of Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Is it okay to leave messages on the numbers above? \_\_\_\_\_

## Insurance Information

Name of Client Providing Insurance: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Deductible: \_\_\_\_\_ Copay: \_\_\_\_\_ Authorization: \_\_\_\_\_  
Referred By: \_\_\_\_\_

What incident led you to seek therapy?

On a scale from 1 to 10, how good is your relationship with 10 representing the ideal relationship and 1 representing a harmful/unfulfilling relationship.

How long have you and your partner been together, and in what form (i.e. married, dating, living together)?

Approximately how often does your relationship experience distress per week?  
\_\_\_\_\_ times per week.

How long has your relationship been experiencing distress?

What do you believe started the distress?

Do you both agree on what is causing distress in your relationship?

What are the everyday issues in your relationship that cause communication problems?

How does each of you react to disagreements within your relationship?

Has your relationship experienced any infidelity? If so, by which partner and when did it occur?

Has either of you had difficulty with use of substances including drugs or alcohol?

Has your relationship ever experienced any physical, sexual, emotional or psychological abuse? If so, by which partner and when did it occur?

Have there been any losses, changes, or transitions that have affected your relationship?

Does either or both of you have any religious, spiritual or financial beliefs that influence your relationship? If so, please explain.

Answer the following questions by checking True or False for each question.

	True	False
I believe my partner and I can work through our issues.	_____	_____
I believe that my partner loves me.	_____	_____
My partner shows respect for my feelings.	_____	_____
I show respect for my partner's feelings.	_____	_____
I often feel misunderstood in my relationship.	_____	_____
I believe therapy can help us fix our problems.	_____	_____

For each of the following issues, characterize your ability to talk with your partner about that issue. You can use this list as a guideline. Write the corresponding number on the line provided:

1. Unable to talk about this issue
2. Sometimes able to talk about this issue
3. Possible to talk about this issue if someone else is present
4. No problem talking about this issue
5. Not applicable

**Issues:**

**Ability to Communicate with Spouse**

Money	_____
Sexual relationship with spouse	_____
Sexual relationship with someone else	_____
Discipline of children	_____
Behavior of children	_____
Expectations of marriage (what you want your spouse to do)	_____
Unhappiness in marriage (how you feel about your current relationship)	_____
Gambling	_____
Finances	_____
Other – please specify	_____

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## **Treatment History**

In the past, have you ever received therapy as a couple or on an individual basis?

If so, what were the circumstances and from what provider did you receive it and was it helpful?

## **Family History**

Please list all the members of your household(s), their ages, and your relation to them.

Does either or both of you experience distress with other members of your household(s)?  
If so, with whom does it occur, and what is the nature of the distress.

Is there any additional information you feel would be helpful to the treatment of your relationship?