FACTOR
Counseling Services

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Couple Counseling Initial Intake Form

Client Name	Date
Partner's Name	
Relationship Status	
Please indicate all that apply: ☐ Married ☐ Separated ☐ Divorced ☐ Dating ☐ Cohabitating ☐ Living Together ☐ Living Apart	Length of time in current relationship
Current Concern	
As you consider the primary reason that motivated you to begin couple counseling, how would you rate its frequency and your overall level of concern at this point in time? **Concern** ☐ No Concern ☐ Little Concern ☐ Moderate Concern ☐ Serious Concern ☐ Very Serious Concern **Frequency** ☐ No Occurance ☐ Occurs rarely ☐ Occurs sometimes ☐ Occurs frequently ☐ Occurs nearly always	
What do you hope to accomplish through the counseling process?	
What have you already done to deal with these difficulties?	
What are your biggest strengths as a couple?	

Please rate your current level of relationship happiness by checking the number that corresponds with your current feelings about the relationship *(1=extremely unhappy, 10=extremely happy):*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

Prior Counseling Experience

Have you ever received prior couples counseling related to any of the above problems? *If **YES**, please answer the questions outlined in bold below.*	☐ Yes ☐ No
When did this counseling occur?	Where did this counseling occur?
Name of therapist/counselor:	Length of treatment:
Please describe the concerns treated:	
Please indicate the outcome of this counseling: ☐ Very Successful ☐ Somewhat Successful ☐ Stayed the Same ☐ Somewhat Worse ☐ Much Worse	
Have either you or your partner been in individual counseling before?	☐ Yes ☐ No
If so, please give a brief summary of the concerns that were addressed:	

Relationship Characteristics

Do either you or your partner drink alcohol or take drugs, for the purpose of becoming intoxicated?	☐ Yes ☐ No
If so, please indicate which of you do this, the frequency, and any other significant details:	
Has either your or your partner struck, physically restrained, used violence against, or injured the other person?	☐ Yes ☐ No
If yes, please indicate how often and what happened/happens:	

Please indicate if you or your partner have threatened to separate or divorce (*if married)* as a result of the current relationship problems *(check all that apply).*	☐ Me ☐ Partner
If you're married, please indicate if you or your partner have consulted with a lawyer to obtain information about divorce (*check all that apply).*	☐ Me ☐ Partner
Do you perceive that either you or your partner has withdrawn from the relationship?	☐ Me ☐ Partner
Please indicate the number of times that you have had sexual relations with your partner in the last month:	

Please indicate below how enjoyable your sexual relationship currently is *(1=extremely unpleasant, 10=extremely pleasant)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
How satisfied are you with the frequency of your sexual relations? *(1=extremely unsatisfied, 10=extremely satisfied)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Considering all aspects of your life, what is your current level of stress? *(1=no stress, 10=high stress)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Considering just the relationship concerns that you have, what is your current level of stress? *(1=no stress, 10=high stress)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Please indicate the top three concerns that you have in your relationship with your partner (with #1 being the most problematic)	1.
	2.
	3.

Lastly, please draw a graph indicating your level of relationship satisfaction beginning with when you met your partner. *Note pivotal/significant events in your relationship (e.g., one of you moved out, one of you cheated).*