

Name:				Date:	
Name of Parti	ner:			Phone:	
Is it acceptabl	e to email you? If so, email a	ddress:			
Relationship S	Status: (check all that apply)				
☐ Married	☐ Separated ☐ Divorced	□ Dating	☐ Cohabit	ating	☐ Living together
☐ Living apar	t				
Length of time	e in current relationship:		-		
•	about the primary reason thatern at this point in time?	: brings you he	ere, how woul	d you rate its	frequency and your overal
Concern:					
☐ No concer	n 🔲 Little concern	☐ Moderate	e concern	☐ Serious	s concern
☐ Very seriou	us concern				
What do you	hope to accomplish through o	counseling? _			
What have yo	ou already done to deal with t	he difficulties	?		



Wha	t are yo	our bigg	gest stre	ngths a	s a cou _l	ole?						
		•	rrent le out the			hip hap	piness	by circli	ng the numb	er that co	erresponds wit	th your
1	2	3	4	5	6	7	8	9	10			
(extre	tremely unhappy) (extremely happy)											
			your pa								ove the relation	
Have	you re	eceived	prior co	uples c	ounselii	ng relat	ed to ar	ny of the	e above prob	olems?	☐ Yes	□ No
If yes	, when	ı:					Where	::				
By w	hom: _						Length	of trea	tment:			
Prob	lems tr	eated:										



What was the outco	me (check one)?			
☐ Very successful worse	☐ Somewhat successful	☐ Stayed the same	☐ Somewhat	t worse 🛚 Much
Have either you or y	our partner been in individual	l counseling before?	☐ Yes	□ No
If so, give a brief sun	nmary of concerns that you ac	ddressed.		
Do either you or you	r partner drink alcohol to into	oxication or take drugs	to intoxication	?
If yes for either, who	, how often and what drugs o	or alcohol?		
Have either you or yoperson?	our partner struck, physically	restrained, used violen	ce against or ir	njured the other



If yes	for eith	er, who	, how o	ften an	d what	happen	ied.		
Has e proble		you thr	reatened	d to sep	arate o	r divorc	e (if ma	rried) as	as a result of the current relationship
If yes,	who?	M	e	Pa	ırtner	B	oth of u	S	
If mar	ried, ha	ve eith	er you c	or your _l	partner	consult	ted with	a lawye	ver about divorce?
If yes,	who?	M	е	Pa	irtner	B	oth of u	S	
Do yo	u perce	ive that	t either	you or y	your pa	rtner ha	as withd	rawn fro	rom the relationship?
If yes,	, which (of you h	nas with	drawn?	°N	1e	Pa	rtner	Both of us
How f	frequent	tly have	you ha	d sexua	al relatio	ons duri	ing the la	ast mon	nth?times
How	enjoyab	le is you	ur sexua	l relatio	onship?	(Circle	one)		
1	2	3	4	5	6	7	8	9	10
(extrer	nely unnl	easant)						(extrem	mely nleasant)



How s	atisfied	are you	with th	ne frequ	ency of	your se	exual re	lations?	(Circle one)
1	2	3	4	5	6	7	8	9	10
(extren	nely unsat	isfied)						(extrem	ely satisfied)
What	is your (current	level of	stress (overall)	? (Circle	e one)		
1	2	3	4	5	6	7	8	9	10
(no stre	ess)							(high st	ress)
	is your o							Circle or	ne) 10
(high st		3	4	5	0	/	0	9	(no stress)
Rank of problem	order the								hip with your partner (1 being the most
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).
Complete satisfaction
No satisfaction
Relationship over time
When you met/began dating Current



Thank you for completing this. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in sessions but your partner will not be shown this form.