

Couple Intake Form

Partner Name _____ Age _____ Occupation _____

Partner Name _____ Age _____ Occupation _____

Other family in home:

Ethnicity:

Years married/in relationship:

How did you first meet and what attracted each of you to the other?

What are your current strengths? Weaknesses?

Reason for referral:

Whose idea was it to seek therapy?

What is your view(s) of the problem?

Partner 1:

Partner 2:

How long has this been a problem, when did it begin? What was happening around that time? When did the problem not exist?

What do you think your part is in maintaining this problem? (Partner 1 and Partner 2)

What are the solutions attempted?

What were the results?

What changes are you looking for or how will you know it's time to stop therapy?

List any recent significant changes (stressors; life-cycle changes)

What were your parents' relationship like when growing up? Now?