

## COUPLE INTAKE FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Alternate Telephone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

+++++

**INDIVIDUAL ISSUES. Please PRINT your answers. Use the back of each page if additional space is needed. Be sure to note the question number.)**

1. Have you ever been involved in counseling before?  
If so, for what reason?  
How would you describe that counseling experience?
  
2. Do you have any significant medical issues?  
If so, briefly describe.  
Are medications being taken currently? If so, please list.
  
3. Do either you or your spouse have any current or past history of involvement in any addictive behavior as: Drinking? Drugs? Gambling? Other? If so, please briefly describe.
  
4. Do either you or your spouse have any past history of physical, emotional or sexual abuse?
  
5. Have you or your spouse ever seriously contemplated or attempted suicide?
  
6. What is your religious background? Past and current?
  
7. What is your ethnic background?
  
8. What is your current level of stress? **(circle one)**  
*Extremely High • Very High • High • Moderate • Low • Very Low • Extremely Low*
  
9. What is your current vocation?  
How satisfied are you with your work/job? **(circle one)**  
*Extremely satisfied • Very satisfied • Satisfied • A little satisfied • Not satisfied*
  
10. How satisfied are you with your friendships and sense of support from others?  
**(circle one)**  
*Extremely satisfied • Very satisfied • Satisfied • A little satisfied • Not satisfied*

11. What do you like most about yourself?
12. What do you like least about yourself?
13. What is your level of education?  
For trade school and/or college studies, what was the area of specialty/education/study?
14. What hobbies or interests do you enjoy? .
15. What is your earliest memory? How old were you? \_\_\_\_\_ yrs. old.
16. Have you ever been married before?  
If yes, dates of: Wedding \_\_\_\_\_ Separation \_\_\_\_\_ Divorce \_\_\_\_\_  
What were the reasons for the break-up of the marriage?
17. What brings you to counseling at this time?
18. What do you want to change about yourself while in counseling?

**INTERPERSONAL ISSUES:**

19. Which best describes the degree of happiness you have regarding your marriage?  
**(circle one)**  
*Extremely • Mostly • Fairly • Fairly • Mostly • Very • Extremely*  
*Unhappy    Unhappy    Unhappy    Happy    Happy    Happy    Happy*
20. List three significant "problems" or areas of tension in your marriage:
  - 1)
  - 2)
  - 3)
21. Have either you or your spouse struck, physically restrained, used violence against or injured the other person in the past?  
If yes, for any of the above, how often does this happen?

22. Have you ever been separated in this marriage due to tension or fighting?  
If so, for how long, and how did the separation end?
23. Have either of you threatened to divorce or "leave" your spouse?
24. Have either of you ever contacted a lawyer regarding possible divorce filing?
25. Have either of you been involved in an affair during your marriage?  
If so, what happened?  
How did the affair effect the marriage?
26. Do you hold any grudge, bitterness, or unforgiveness toward your spouse?  
If so, regarding what?
27. Do you believe that your spouse in holding a grudge, bitterness, or unforgiveness  
toward you?  
If so, regarding what?
28. How would you describe the personalities of you and your spouse?  
Similar or different? If different, what is the major difference?
29. How do you express anger in your marriage?
30. How do you resolve conflicts in your marriage?
31. Who wins most of the "fights" in the marriage? ... or is winning shared?
32. Who has most of the power/control in the marriage? ... or is it shared?
33. When was the last time you and your spouse went out on a date together?  
What did you do?
34. How often do you go out together as a couple?  
If this amount satisfactory?
35. How frequently have you had sexual relations during the last month?
36. How enjoyable is your sexual relationship? (**circle one**)  
*Terrible • More unpleasant • Not pleasant • More pleasant • Great*  
*than pleasant Not unpleasant than unpleasant*

37. Do you and your spouse share spiritual beliefs and values?

38. Do you and your spouse ever pray together as a couple?

**INTERGENERATIONAL ISSUES:**

39. Do you have any children together? List name, gender and age.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

*On the back of this page, briefly describe any major issues regarding the children:*

40. Do you have any children from previous relationships? List name, gender and age.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

*On the back of this page, briefly describe any major issues regarding the children:*

41. How would you describe your childhood? (**circle one**)

*Very Unhappy • Fairly Unhappy • O.K. • Fairly Happy • Very Happy*

42. Father's name \_\_\_\_\_ Age \_\_\_\_ Remarks \_\_\_\_\_

43. Mother's name \_\_\_\_\_ Age \_\_\_\_ Remarks \_\_\_\_\_

44. Briefly describe your parent's marriage.

45. List Brothers and Sisters. Briefly describe any major issues and closeness.

a. \_\_\_\_\_ Age \_\_\_\_ M/F\_ Remarks \_\_\_\_\_

b. \_\_\_\_\_ Age \_\_\_\_ M/F\_ Remarks \_\_\_\_\_

c. \_\_\_\_\_ Age \_\_\_\_ M/F\_ Remarks \_\_\_\_\_

d. \_\_\_\_\_ Age \_\_\_\_ M/F\_ Remarks \_\_\_\_\_

e. \_\_\_\_\_ Age \_\_\_\_ M/F\_ Remarks \_\_\_\_\_

46. Growing up in your family, were there any major crisis events; sicknesses; deaths; relocations; traumas; shameful happenings that affected you? ***If so, briefly describe them on the back of this page.***

47. Do you have family relatives that have:

a. been divorced?

b. a history of mental illness?

c. a history of significant abuse?

d. a history of addiction?

48. Briefly describe your relationship with your father?

49. Briefly describe your relationship with your mother?

50. Complete the following sentence: ***In order for a family to be healthy or close, that family must ....***