



## Couples Therapy Intake Form

Name:

Date:

birthdate/age:

Address:

best number to reach you?

Are you okay with texts Y / N

Is email okay? If so, email address:

Please note that you will be asked to talk about your answers in sessions, but your partner will not be shown this form. Please be as open and honest as possible.

Relationship Status:

Do you think about divorce?

What are the things you like most about your relationship?

What are your biggest strengths as a couple?

What are the things you most want to change?

What is one thing that you could personally do to improve the relationship, regardless of your partner making a change?

What is your most frequent argument about?

Do your arguments ever get physical?

How enjoyable is your sexual relationship? (circle one)

1 2 3 4 5 6 7 8 9 10

(extremely unsatisfied)

(extremely satisfied)

How often have you had sexual relations in the past 30 days?

How satisfied are you with the frequency of your sexual relations? (circle one)

1 2 3 4 5 6 7 8 9 10

(extremely unsatisfied)

(extremely satisfied)

What is your current level of stress? (circle one)

1 2 3 4 5 6 7 8 9 10

(no stress)

(high stress)

What is your current level of stress within the relationship?

1 2 3 4 5 6 7 8 9 10

(no stress)

(high stress)

Have you ever been in individual therapy? If so, for what issues

Rank the order of the top three concerns you have in your relationship with your partner (1 being the most problematic)

- 1.
- 2.
- 3.

Anything else that you would like me to know?