Lakeside Counseling Associates, LLC

COUPLES COUNSELING INTAKE FORM

Name:					Date:		
Name of Partner:							
Relationship Status: (check al	l that apply)						
□ Married	□ Cohabitating						
□ Separated	☐ Living together						
□ Divorced	□ Living apart						
□ Dating							
Length of time in current rela	tionship:						
As you think about the prima your overall level of concern a	-	_	you here	, how v	vould yo	u rate	its frequency ar
, Concern	•		Fred	quency			
□ No concern					rence		
□ Little concern	□ Occurs rarely						
□ Moderate concern	□ Occurs sometimes						
□ Serious concern	□ Occurs frequently						
□ Very serious concern	□ Occurs nearly always						
What have you already done							
What are your biggest strengt	ths as a coupl	e?					
							·
Please rate your current level your current feelings about th			ness by	circling	the num	ber th	at corresponds
1 2	3 4	5	6	7	8	9	10
(extremely unhappy)							(extremely hap

Please make at least one suggerelationship regardless of wha	estion as to something you could personally do to improve the t your partner does.
Have you received prior couple	es counseling related to any of the above problems? Yes No
	•
If yes, when:	Where: Length of treatment:
What was the outcome (check	one)?
□ Very successful □ Somewha	t successful Stayed the same Somewhat worse Much worse
Have either you or your partnerships, give a brief summary of co	er been in individual counseling before? □ Yes □ No oncerns that you addressed.
Do either you or your partner of the state o	drink alcohol to intoxication or take drugs to intoxication? Yes No n and what drugs or alcohol?
Have either you or your partner other person? Yes No lf yes for either, who, how often	er struck, physically restrained, used violence against or injured the
Has either of you threatened t problems?	o separate or divorce (if married) as a result of the current relationship
□ Yes □ No If yes, who?	MePartnerBoth of us
If married, have either you or y	your partner consulted with a lawyer about divorce? Yes No
If yes, who?MeP	artnerBoth of us

Do you perceive that	t either y	ou or y	our part	ner has	withdra	wn fror	m the re	lation	ship? □ Yes □ No
If yes, which of you l	has witho	drawn?	Me	F	artner	Bo	oth of us		
How frequently have	e you had	d sexual	relation	ns durin	g the las	t mont	h?	ti	mes
How Enjoyable was	your sexu	ual relat	tionship	(circle o	one) ?				
1 (extremely unsatisfie	2 ed)	3	4	5	6	7	8	9	10 (extremely satisfied)
How satisfied are yo	u with th	ne frequ	ency of	your se	xual rela	ations?	(Circle o	ne)	
1	2	3	4	5	6	7	8	9	10
(extremely unsatisfie	ed)								(extremely satisfied)
What is your current	t lovel of	stross l	overall\?) (Circlo	ana)				
What is your current						7	0	0	10
1 (no stress)	2	3	4	5	6	7	8	9	10 (high stress)
What is your current	level of	stress (in the re	lations	hip)? (Ci	rcle one	<u>e)</u>		
1	2	3	4	5	6	7	8	9	10
(no stress)									(high stress)
Rank order the top t	hree con	cerns th	nat vou l	have in	vour rel	ationshi	in with v	our n	artner (1 heing the
most problematic):	in cc con	cerns ti	iat you	nave iii	your rer	acionsii	.p w.c ,	oui p	arther (1 being the
1									
2									
3									
Lastly, please draw a	a graph ir	ndicatin	g your le	evel of r	elations	hip sati	sfaction	begin	ning with when you

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		
When you met/began dating	Relationship over time	Current