

**FLOYD PSYCHOTHERAPY & CLINICAL CONSULTING PLLC**

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**Couples Counseling Intake Form**

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

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Partner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Status: (check all that apply)

□ Married

□ Separated

□ Divorced

□ Dating

□ Cohabitating

□ Living together

□ Living apart

- Length of time in current relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Rank the top three concerns that you have in your relationship with your partner (1 being the most problematic):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- If different and applicable, what has your partner told you are their primary concerns?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-As you think about the primary reasons that bring you here, how would you rate their frequency and your overall level of concern currently?

Concern

□ No concern

□ Little concern

□ Moderate concern

□ Serious concern

□ Very serious concern

Frequency of Issue of Concern

□ No occurrence

□ Occurs rarely

□ Occurs sometimes

□ Occurs frequently

□ Occurs nearly always

-What do you hope to accomplish through counseling?

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-What have you already done to deal with the difficulties?

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-What are your biggest strengths as a couple?

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- Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship.

1 2 3 4 5 6 7 8 9 10

(0 = extremely unhappy) (10 = extremely happy)

- Please make at least one suggestion as to something you could personally do to improve the

relationship regardless of what your partner does.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Have you received prior couples counseling related to any of the above problems? □ Yes □ No

If yes, when/where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problems treated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- What was the outcome (check one)?

□ Very successful □ Somewhat successful □ Stayed the same □ Somewhat worse □ Much worse

- If things got better after counseling but then declined, please describe such and why you feel it happened that way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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- Have either you or your partner been in individual counseling before? □ Yes □ No

If so, give a brief summary of concerns that you/your partner addressed.

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- Do you or your partner drink alcohol to excessive intoxication or take illicit drugs?

If yes for either, who, how often and what drugs/type of alcohol (beer, wine, liquor)?

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- Has your partner ever expressed concerns about your alcohol or substance abuse? \_\_\_\_\_\_\_\_

- **Have either you or your partner struck, physically restrained, used violence against or injured the other person? If yes for either- who, when/how often and what happened.**

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- Have either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

- If married, have either you or your partner consulted with a lawyer about divorce?

If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

- Do you perceive that either you or your partner has withdrawn from the relationship?

If yes, which of you has withdrawn? \_\_\_Me \_\_\_Partner \_\_\_Both of us

- How frequently have you had sexual relations during the past month? \_\_\_\_\_\_\_\_times

- Is the frequency of your intimacy over the past month reflective of how things typically are? \_\_\_\_\_\_

- How enjoyable is your sexual relationship? (Circle one)

1 2 3 4 5 6 7 8 9 10

(1 = extremely unpleasant) (10 = extremely pleasant)

- How satisfied are you with the frequency and nature of your sexual relations overall?

1 2 3 4 5 6 7 8 9 10

(1 = extremely unsatisfied) (10 = extremely satisfied)

- Do you feel comfortable talking about sexual intimacy during couples’ sessions? Y or N

- What is your current level of stress (overall)? (Circle one)

1 2 3 4 5 6 7 8 9 10

(1 = no stress) (10 = high stress)

- What is your current level of stress (in the relationship)? (Circle one)

1 2 3 4 5 6 7 8 9 10

(1 = no stress) (10 = high stress)

- Lastly, please describe your level of relationship satisfaction beginning with when you met your partner to now. Please briefly note any pivotal/significant events in your relationship (e.g., moved in together, got married, birth of a child, one of you moved out, one of you cheated).

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***Please note that individual sessions with the practitioner are a much-needed aspect of marital or couples counseling. At times, such can often be helpful. HIPAA prohibits the practitioner from disclosing to one partner what is expressed by their partner during that person’s respective individual sessions. Though such may certainly NOT be applicable to your relationship, partners at times may reveal sensitive information during individual sessions such as intent to separate/divorce or past/current extramarital affairs. This is sometimes due to their need to process their thoughts/actions objectively. If such occurs, your partner may or may not wish to disclose these details to you; even if couples counseling is ongoing. However, it is the clinical perspective of the practitioner that such matters eventually be disclosed and discussed by both parties. Practitioner reserves the right to terminate treatment at any time.***