Couple Counseling Intake Form

Personal Information

First name:	Last name:
Age:	Date of birth:
Ethnicity:	Religion:
Marital status:	Number of children and their ages:
Sex/gender:	

Name of partner:

Telephone:

Relationship Status

Status of relationship? Married/separated/divorced/cohabiting/living apart/etc.

How long have you been in this relationship?

Attending Counseling

What is your primary reason for coming to couple counseling?

How serious is this issue? (0 – no concern and 10 – extremely concerned)

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What do you hope to accomplish through counseling?

What have you done so far to deal with your difficulties as a couple?

Relationship Ratings

What are your biggest strengths as a couple?

How happy are you in your relationship? (0 – extremely unhappy and 10 – extremely happy)

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is one thing you could do to improve your relationship?

What is one thing your partner could do to improve your relationship?

Have you received couple counseling before? What was the outcome?

Have either of you injured or threatened violence against the other person? How often and what happened?

Have either of you considered leaving the other person? If married, have you consulted with a lawyer regarding divorce?

How satisfied are you with your current sexual relationship? (0 – not at all and 10 – extremely satisfied) And why?

Top Three Concerns

List your top three concerns regarding your relationship: