



**Couples Counseling Initial Intake Form**

**Name:** \_\_\_\_\_ **Gender Pronoun(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Partner(s):** \_\_\_\_\_ **Gender Pronoun(s):** \_\_\_\_\_

**Relationship Status: (check all that apply)**  Married  Separated  Divorced  Dating  Living together  Living apart  Cohabiting

**Relationship Type (check all that apply):**  Monogamous  Polyamory/Polyfidelity  Consensual Non-monogamy  Open  Swinging  Monogamish  Not sure

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

As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in time?

**Concern**

- No concern
- Little concern
- Moderate concern
- Serious concern
- Very serious concern

**Frequency**

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

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

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

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

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**



**Relationship over time**

**No satisfaction**

**When you met/began dating**

**Current**

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