# **Intake Information for Couples**

# Name: Date:

DOB: Sex:  Male  Female Home Phone:

Name of Spouse:­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex  Male  Female

Address: City: State: \_\_\_\_\_Zip:

Referral Source: Reason for Referral:

How long have you been married?\_\_\_\_\_\_\_\_\_ How many marriages for you including this one?:\_\_\_\_\_\_\_

Occupation: Work Phone: Cell Phone:

Spouse’s Occupation:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate at which phone numbers we may leave a message with either an individual or the corresponding voicemail.  Home  Work  Cell

**Please give a brief description of the problems you are experiencing in your relationship:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any previous treatment?**  Yes  No

If yes, please describe the outcome of previous treatment:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has there been any type of abuse in this or previous relationship(s)?**  Yes  No

If yes, please give a brief history of the abuse in the relationship. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Rate The Following Areas In Regards To Your Relationship:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Communication** | |  |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |
| **2. Time Together** | |  |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |
| **3. Division of Roles** | |  |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |
| **4. Caring and Affection** | | |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |
| **5. Sex & Intimacy** | |  |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |
| **6. Children**  **(this includes discipline)** | |  |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |
| **7. Finances** | |  |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |
| **8. Extended Family** | |  |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |
| **9. Alcohol or Drug Use** | | |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |
| **10. Overall feelings of Trust** | | |  |  |  |  |
| Totally Satisfied | Very Satisfied | A little Satisfied | Neutral | A little unsatisfied | Very Unsatisfied | Totally Unsatisfied |

**Please circle which one describes your investment into maintaining the marriage/relationship:**

1. I am willing to do anything to keep the marriage/relationship.
2. I am willing to try to improve the marriage/relationship if we can both make appropriate changes to improve our relationship.
3. I am willing to stay in the marriage/relationship as long as my partner makes appropriate changes, however I am not willing to change anything about myself.
4. I have not made a decision as to whether or not I am willing to stay in the relationship/marriage.
5. I am absolutely sure this relationship/marriage is over and I do not wish to continue to be a part of it any longer.

**Please make at least one suggestion as to something you could personally do to improve the marriage regardless of what your partner does** :

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

**DIAGNOSTIC IMPRESSIONS**:

Axis I:

Axis II:

Axis III:

Axis IV: Primary Support Economic Social Environment Health Care Educational

Occupational Legal System/crime Other: ­­­­­­­­­­­­­

Axis V: Past Year Current

# Clinician Signature & Credentials Date