

# Couples Therapy Intake Form

<b>Name:</b>	
<b>Date:</b>	<b>Date of birth:</b>
<b>Contact number/email:</b>	<b>Sex:</b>
<b>Religion:</b>	<b>Ethnicity:</b>
<b>Home address:</b>	
<b>Name of partner:</b>	
<b>Relationship status: (check all that apply)</b>	
<div><input type="checkbox"/> Married</div> <div><input type="checkbox"/> Living together</div> <div><input type="checkbox"/> Divorced</div> <div><input type="checkbox"/> Separated</div> <div><input type="checkbox"/> Living apart</div> <div><input type="checkbox"/> Dating</div>	
<b>Length of time in current relationship:</b>	
<b>What do you hope to accomplish through counseling?</b>	
<b>What have you already done to deal with the challenges?</b>	
<b>What are your biggest strengths as a couple?</b>	

<b>What action can you personally take to improve the relationship, regardless of your partner's actions:</b>				
<b>Have you previously attended couples counseling for your relationship issues?</b>			Yes	No
If <b>yes</b> ,				
When:		Where:		
Counselor:		Duration:		
Issues addressed:				
What was the outcome? (Select one)				
<input type="checkbox"/> Very successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> No change <input type="checkbox"/> Somewhat worse <input type="checkbox"/> Much worse				
<b>Have you or your partner attended individual counseling before?</b>			Yes	No
If <b>yes</b> , briefly describe the concerns addressed:				
List your top three concerns in your relationship with your partner, ranking them in order of importance (1 being the most significant):				
1.				
2.				
3.				
<b>Has/have either of you:</b>				
<b>Threatened separation/divorce?</b>				
Yes		No		Who?
				Me
				Partner
				Both

Consulted a divorce lawyer (if married)?									
Yes		No		Who?	Me	Partner	Both		
Has/have either of you:									
Withdrawn from the relationship?									
Yes		No		Who?	Me	Partner	Both		
Engaged in emotional or physical infidelity?									
Yes		No		Who?	Me	Partner	Both		
Physically restrained, harmed, or injured the other?									
Yes		No		Who?	Me	Partner	Both		
How important is it to you to improve your relationship?									
1	2	3	4	5	6	7	8	9	10
Not important				Extremely important					
How willing are you to make your relationship a priority?									
1	2	3	4	5	6	7	8	9	10
Not willing				Extremely willing					
Is there anything else you'd like to share?									
<i>Please note that your answers will be discussed during sessions, but this form won't be shared with your partner.</i>									
Consent to therapy									
<p>By signing below, I agree to participate in the therapy. I understand that the therapy process involves discussing personal and relationship issues, and both partners will be actively involved. I acknowledge that the success of therapy depends on my honesty, effort, and collaboration with my partner and the therapist.</p> <p>I also understand that the information shared during therapy sessions is confidential and will not be disclosed to any third parties without my explicit consent except as required by law (e.g., in cases of imminent harm or legal obligations). This confidentiality extends to any written materials or records generated during the therapy process. However, the therapist may share information with my partner only when appropriate or necessary for the progress of the therapy.</p> <p>By signing, I confirm my understanding of these terms and agree to participate in the therapeutic process with respect to confidentiality.</p>									
Signature: <i>AMurphy</i>				Date:					