

Intake Questionnaire Couple/Marriage

This questionnaire is for the purpose of getting to know you better in order to provide the best possible mental health services. Please complete this form as honestly and completely as possible. All information that you provide us will be confidential as required by state and federal law.

Date: _____

Social Security Number: _____

Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

City/State/Zip code: _____

Home Phone: _____

Cellular/Alternate Phone: _____

Marital Status:

single married separated divorced remarried engaged widowed cohabiting

If applicable, please complete the following:

Partner's Name: _____ Partner's Age _____

IF YOU HAVE CHILDREN PLEASE LIST THEIR NAMES AND AGES:

#	Name	Sex	Age	#	Name	Sex	Age
1				4			
2				5			
3				6			

WHO CURRENTLY LIVES IN YOUR RESIDENCE (adults and children):

#	Name	Relation	Sex	Age	#	Name	Relation	Sex	Age
1					4				
2					5				
3					6				

1. What is the problem that led you to decide to come to therapy?

2. How long have you and your partner been together?

3. In what form (i.e., dating, living together, married)?

4. How was the decision to live together or marry made?

5. What was the very beginning of your relationship like?

How long did this phase last?

6. What was your first disillusionment?

What happened and how did you resolve it?

Did this lead to any changes in your relationship?

7. When did you first become aware of significant differences between the two of you?

How are the two of you similar?

How are you different?

8. What do you do when there is conflict between the two of you?

What does your partner do?

9. What do you do when you are angry?

What does your partner do when angry?

10. What strengths do you have that support resolving differences?

What strengths does your partner have?

11. Do you spend time alone?

Do you enjoy your free time?

Does planning how to spend it create anxiety for you?

12. Do you have separate friendships with people who are not mutual friends?

Does this create conflict in your relationship?

13. Are you comfortable doing activities away from your partner?

What do you like to do?

How comfortable are you with your partner spending time away from you?

14. On a scale of 1 to 10, how open are you in expressing your innermost wants, thoughts, desires, and feelings to your partner? (1 is totally closed, and 10 is totally open).

15. When you feel like you want support or encouragement from your partner, do you get it?

How?

When your partner wants support or encouragement from you, do you feel that you give it?

How?

16. Do you support your partner's development as an individual?

How (give an example)?

17. Describe your sexual relationship.

What do you find most satisfying about it?

What do you find least satisfying about it?

How has your sexual relationship changed since you were first together?

18. What is one thing that you wish was different about your sexual relationship?

When do you feel most gratified in your relationship?

19. Do the two of you have joint commitments to goals, projects, work, or social causes?

Does this add or detract from the bond between you?

20. If your relationship were a movie, drama, or book, what would it be titled?

How would it end?