

Juniper Campbell, LPC

Couples Intake for Day Intensive Session (To be filled out by each partner)

Name: _____ Date: _____

Name of Partner: _____

Date of Birth: _____ Age: _____

Address: _____

Phone Number: _____

Current Employment: _____

Emergency Contact: _____

Relationship Status: (check all that apply)

Married **Separated** **Divorced** **Dating** **Cohabiting**

Living together **Living apart**

Length of time in current relationship: _____

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

No concern **Little concern** **Moderate concern** **Serious concern**

Very serious concern

What do you hope to accomplish through counseling?

What have you already done to deal with the difficulties?

What are your biggest strengths as a couple?

Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship.

1 2 3 4 5 6 7 8 9 10 (extremely unhappy to extremely happy)

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

Have you received prior couples counseling related to any of the above problems?

Yes No If yes, when: _____

Where: _____

By whom: _____

Length of treatment: _____

Problems treated:

What was the outcome (check one)? **Very successful** **Somewhat successful**

Stayed the same **Somewhat worse** **Much worse**

Have either you or your partner been in individual counseling before? Yes No

If so, give a brief summary of concerns that you addressed in your own counseling.

Do you currently take any medication: _____

Are there any current medical issues: _____

Do you have any suicidal thinking? If yes, please elaborate _____

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication?
If yes for either, who, how often and what drugs or alcohol?

Have either you or your partner struck, physically restrained, used violence against or
injured the other person? If yes for either, who, how often and what happened.

Are there any legal issues?: _____

Has either of you threatened to separate or divorce (if married) as a result of the current
relationship problems?

If yes, who? ___ **Me** ___ **Partner** ___ **Both of us**

If married, have either you or your partner consulted with a lawyer about divorce?

If yes, who? ___ **Me** ___ **Partner** ___ **Both of us**

Do you perceive that either you or your partner has withdrawn from the relationship?

If yes, which of you has withdrawn? ___ **Me** ___ **Partner** ___ **Both of us**

How frequently have you had sexual relations during the last month? _____ times

How enjoyable is your sexual relationship?

1 2 3 4 5 6 7 8 9 10 (extremely unpleasant to extremely pleasant)

How satisfied are you with the frequency of your sexual relations?

1 2 3 4 5 6 7 8 9 10 (extremely dissatisfied to extremely satisfied)

What is your current level of stress (overall)?

1 2 3 4 5 6 7 8 9 10 (no stress to high stress)

What is your current level of stress (in the relationship)?

1 2 3 4 5 6 7 8 9 10 (no stress to high stress)

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

1.

2.

3.
