

Date prepared:

Names:

Years together:

Kids together?

Couples Intake Assessment Purpose:

To help you with the future of your relationship, it helps to know where you came from. Some of the questions below will help you remember childhood experiences which can currently impact the state of your relationship. Notice also that we start with what is right about the relationship instead of what is wrong, as beginning to see we all tend to have a “negativity bias”. Taking a “walk down memory lane” can help you begin to remember the warm feelings you have towards each other, increasing your connection even when it feels like it is long gone.

Your Story

How did you two meet? When did you know you were in love? What made you commit to each other?

Strengths of this Relationship

What are the biggest strengths of this relationship?

Partner #1:

Partner #2:

Relationship Challenges

The Power struggle stage of the relationship is normal and where most couples reside after the initial romantic stage.

When do you remember things shifting from romance to power struggle?

Power Struggle: (Things changed when...)

Partner #1:

Partner #2:

The most important relationship challenges that I currently experience are:	Partner #1	Partner #2
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

How do you feel you might be contributing to those challenging areas?	Partner #1	Partner #2
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Goals for Counseling

Partner 1:

What specifically are you wanting to achieve in counseling and why is this important to you?

Briefly describe:

Partner 2:

What specifically are you wanting to achieve in counseling and why is this important to you?

Briefly describe:

Dreams for Your Relationship

What are your biggest dreams for your relationship?

Partner #1:

Partner #2:

Dream Score

Partner 1: What score would you give yourself in living out those dreams today?

Dream list	Score

Partner 2: What score would you give yourself in living out those dreams today?

Dream list	Score

Personal Responsibility

How do you think you contribute to keeping you from achieving those dreams?

Partner #1:

Partner #2:

Prior Attempts

Previous individual or marital counseling?

Name of Practitioner	Position	Still Seeing?	Date Seen:
List the individuals who you've worked with before to help your relationship	State their respective position or role	<input type="checkbox"/>	MM/DD/YY
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Family of Origin History

Our primary caretakers have an impact in how we behave in our own relationships. List memories with both mother and father, any significant traumas or Alcohol/Drug/other Addictions History.

Partner #1:

Partner #2:

Health & Medications

Partner #1:

Partner #2:

Physical Safety

	Partner #1	Partner #2
Are you concerned about your physical safety in this relationship?		