



### COUPLES

#### Confidential Intake Questionnaire

Please fill out this form to help your therapist know more about you so your counseling sessions can focus on what's most important to you. As a couple, each person fills out a separate form. Please note that while you will be asked to talk about your answers in session, this form will not be shared with your partner.

Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Partner \_\_\_\_\_

Phone #: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Ok to leave **voice and text** messages at these phone numbers? Yes / No

Address: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F / M

Your education: Highest Grade / Degree / Certificate: \_\_\_\_\_

Occupation (former, if not working): \_\_\_\_\_

Person and phone number of whom to call in emergency and relationship to you (Spouse, Parent, Child, Friend, etc.)  
\_\_\_\_\_

Your current relationship status (check all that apply):

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Dating    | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married   | <input type="checkbox"/> Widowed   |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Divorced  |

Length of time in current relationship: \_\_\_\_\_

What do you hope to accomplish with your time in counseling regarding your relationship?  
\_\_\_\_\_  
\_\_\_\_\_

What have you already done to deal with the difficulties in your relationship?  
\_\_\_\_\_  
\_\_\_\_\_

What are your biggest strengths in your relationship as a couple?  
\_\_\_\_\_  
\_\_\_\_\_



Please rate your current level of happiness regarding your feelings about your relationship (circle one):

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

Write one suggestion that you could personally do to possibly improve your relationship regardless of what your partner does:

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What is the primary reason that brings you to counseling today?

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What is the overall frequency of this primary concern?

1 2 3 4 5 6 7 8 9 10  
(Does not occur very often) (Occurs all the time)

What is your level of concern of this primary reason/concern?

1 2 3 4 5 6 7 8 9 10  
(No concern) (Very serious concern)

Do either you or your partner drink alcohol or take drugs to intoxication? YES / NO

If YES (for either), how often and what type of drugs and/or alcohol:

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Have either you or your partner used physical violence against the other (this includes restraining, blocking, striking, hitting, or other injuries)? YES / NO

If YES (for either), explain who it happened to, how often it happens and what happened.

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Have either you or your partner used emotional violence against the other (this includes verbal abuse, limiting or blocking access to money or finances, overly criticizing, withholding information, lying, glaring, isolating, withholding affection, withdrawn from relationship, etc.)? YES / NO

If YES (for either), explain who it happened to, how often it happens and what happened.

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Do you sense or notice that either you or your partner has withdrawn from the relationship? YES / NO / BOTH: If "YES", who has withdrawn?

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Have either you or your partner threatened separation or divorce? YES/NO/BOTH

If YES or BOTH, explain who threatened and have you filed and/or consulted an attorney?

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What is your current level of stress personally?

1 2 3 4 5 6 7 8 9 10  
(No Stress) (High stress)

What is your current level of stress in the relationship?

1 2 3 4 5 6 7 8 9 10  
(No Stress) (High stress)

How satisfied are you with your sexual relations with your partner?

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

Have you received prior couples counseling to address any of the above issues? YES / NO

If YES:

When: \_\_\_\_\_ Where: \_\_\_\_\_

Length of Treatment: \_\_\_\_\_ By Whom: \_\_\_\_\_

Outcome (check one)?:

- Very Successful
- Somewhat Successful
- No Change
- Somewhat Worse
- Much Worse

Have either you or your partner been in individual counseling before? YES / NO

If YES briefly summarize the concerns you addressed:

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*Journeys of Life Counseling*

Please feel free to include any other information you think is important to your relationship here:



Wendy Reimann  
**Consent for Counseling Services**  
General Information Agreement for Therapy Services

This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA preemptive analysis. Further information is detailed in HIPAA Notice of Privacy Practices posted online at [journeysoflifecounseling.com](http://journeysoflifecounseling.com).

*Please print your name(s) on the top line, and sign at the X.*

Name \_\_\_\_\_ Phone \_\_\_\_\_ OK for Text/messages Yes/No  
Name \_\_\_\_\_ Phone \_\_\_\_\_ OK for Text/messages Yes/No

I/we (listed above) request professional counseling, talk therapy services.

I/we agree that I/we will schedule and verify appointment times with my/our therapist, and I/we will show up on time for my/our appointments.

If for some reason I/we cannot show up for an appointment as scheduled, 24 hours before the scheduled time I/we will contact my/our therapist by phone.

I/we understand that my/our therapist **will not** be available for 24 hour crisis intervention or emergencies and I/we have been informed who to contact if I/we have an emergency; 911 or local Crisis Line 503-291-9111.

I/we acknowledge that I/we have received a Professional Disclosure Statement from my/our therapist and the HIPAA Notice of Privacy Practices is posted at [JourneysOfLifeCounseling.com](http://JourneysOfLifeCounseling.com). I/we will review the documents and know that I/we) am/are encouraged to discuss any further questions with my/our therapist at any point in my/our treatment.

I/we have read and understand the above information. I/we consent to therapy in full agreement with the terms stated above and the understanding that my/our therapist will clarify goals and objectives at any time.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Client  
X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Client

**Fee Agreement:** I/we \_\_\_\_\_ agree to the fee schedule as outlined by Wendy Reimann of Journeys of Life Counseling, LLC (\$120/session) unless otherwise noted here.

Fee Agreement: \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Client  
X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Client

I, \_\_\_\_\_ Therapist, have discussed the issues above with the client. My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Therapist \_\_\_\_\_ Date \_\_\_\_\_