Ferren Family Counseling LLC

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Couples Counseling Initial Intake Form

Name:____

Birth Date: ____ /____ /____ Age: _______ Gender: ________ SSN:________________

Insurance: ____

ID#: __________________________ Group #: _________________________________

Please list any children/age: ____

Address: ____

____

Home Phone: ______________________________ May we leave a message? □ Yes □ No

Cell/Other Phone: ___________________________ May we leave a message? □ Yes □ No

E-mail: _____________________________________May we email you? □ Yes □ No

**Please note: Email correspondence is not considered to be a confidential medium of communication.*

Referred by (if any): ____

Relationship Status: (check all that apply)

□ Married
□ Separated
□ Divorced
□ Dating
□ Cohabitating
□ 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 frequency and your overall level of concern at this point in time?

Concern	*Frequency*
□ No concern	□ No occurrence
□ Little concern	□ Occurs rarely
□ Moderate concern	□ Occurs sometimes
□ Serious concern	□ Occurs frequently
□ Very serious concern	□ Occurs nearly always

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) (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.

____

____

____

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? Yes □ No □
If yes for either, who, how often and what drugs or alcohol?

____

____

____

Has either you or your partner struck, physically restrained, used violence against or injured the other person? Yes □ No □ If yes for either, who, how often and what happened.

____

____

____

Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?
Yes □ No □ If yes, who? ___Me ___Partner ___Both of us

If married, have either you or your partner consulted with a lawyer about divorce? Yes □ No □
If yes, who? ___Me ___Partner ___Both of us

Do you perceive that either you or your partner has withdrawn from the relationship? Yes □ No □
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) (extremely pleasant)

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

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

Please provide a brief summary (optional).

____

____

____

What is your current level of stress (overall)? (Circle one)

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

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

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

Rank order the top three concerns that you have in your relationship with your partner:

1. ____
2. ____
3. ____

Lastly, please draw a graph indicating your level of relationship satisfaction beginning with when you met your partner. Note *pivotal/significant events* in your relationship (e.g., one of you moved out, one of you cheated).

Complete satisfaction

No satisfaction

Relationship over time

When you met/began dating ***Current***

Thank you for completing this. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in sessions but your partner will not be shown this form.