



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

- ☐ 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 frequency and your overall level of concern at this point in time?

Concern	Frequency
<input type="checkbox"/> No concern	<input type="checkbox"/> No occurrence
<input type="checkbox"/> Little concern	<input type="checkbox"/> Occurs rarely
<input type="checkbox"/> Moderate concern	<input type="checkbox"/> Occurs sometimes
<input type="checkbox"/> Serious concern	<input type="checkbox"/> Occurs frequently
<input type="checkbox"/> Very serious concern	<input type="checkbox"/> 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.