

## Ferren Family Counseling LLC 895 S. Cooper Street, Suites 1-3 Memphis, TN 38104 (901) 498-9126

## www.ferrenfamilycounseling.com

Couples Counseling Initial Intake Form						
Name:						
Birth Date: / Age:	Gender:	SSN:	_			
Insurance:			_			
ID#: Group	) #:		_			
Please list any children/age:			_			
Address:			_			
Home Phone:	May v	we leave a message? □ Yes □	– No			
Cell/Other Phone:	May v	we leave a message? □ Yes □	No			
E-mail:	May	we email you? □ Yes □ No				
*Please note: Email correspondence is not considered to be	e a confidential med	dium of communication.				
Referred by (if any):						
Relationship Status: (check all that apply)						
□ Married		□ Cohabitating				
□ Separated		☐ Living together				
□ Divorced		□ Living apart				
□ Dating						
Length of time in current relationship:						

your overall level of	concern at th	nis point in time?				
Concern			Frequency			
□ No concern			□ No occurr	rence		
☐ Little concern			□ Occurs ra	rely		
☐ Moderate concern			□ Occurs so	metimes		
☐ Serious concern			□ Occurs fr	equently		
☐ Very serious concer	n		□ Occurs ne	early alw	ays	
What do you hope to What have you alrea What are your bigge	dy done to d	eal with the difficul	ies?			
Please rate your curi your current feelings	about the re		ss by circling	g the nu	mber 1	that corresponds wit
xtremely unhappy)						(extremely happy)
Please make at least relationship regardle	ess of what yo	our partner does.				
-	_	<b>.</b>	-	_		

As you think about the primary reason that brings you here, how would you rate its frequency and

Problems treated:	
What was the outcome (check one)?	
$\Box$ Very successful $\Box$ Somewhat successful $\Box$ Stayed the same $\Box$ Somewhat worse $\Box$ M	luch worse
Have either you or your partner been in <i>individual</i> 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? If yes for either, who, how often and what drugs or alcohol?	∕es □ No □
Has either you or your partner struck, physically restrained, used violence against or injure person? Yes $\square$ No $\square$ If yes for either, who, how often and what happened.	ed the othe
Has either of you threatened to separate or divorce (if married) as a result of the current reproblems?	elationship
Yes $\square$ No $\square$ If yes, who?MePartnerBoth of us  If married, have either you or your partner consulted with a lawyer about divorce? Yes $\square$ If yes, who?MePartnerBoth of us	No 🗆
Do you perceive that either you or your partner has withdrawn from the relationship? Yes, which of you has withdrawn?MePartnerBoth of us	s 🗆 No 🗆
How frequently have you had sexual relations during the last month? times	

How enjoya	ıble is you	r sexual	relatio	onship	?				
1 (extremely un	2 pleasant)	3	4	5	6	7	8	9	10 (extremely pleasar
How satisfic	ed are you	with th	e frequ	uency	of you	r sexual	relations?		
1 (extremely un	2 satisfied)	3	4	5	6	7	8	9 (extre	10 mely satisfied)
What is you									
1 (no stress)	2	3	4	5	6	7	8	9 (high	10 stress)
What is you	ır current	level of	stress	(in th	e relat	ionship)?	(Circle one)	)	
1 (no stress)	2	3	4	5	6	7	8	9 (high:	
Rank order	the top th	ree con	cerns t	that yo	ou hav	e in your	relationship	with you	partner:
1									
2									
3									

you che	eated).		
Complete	e satisfaction		
No satisfa			
	Relationship over time		

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

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.

Current

When you met/began dating