

Today's Date: _____

Basic information

Full name: _____

Address: _____
STREET CITY ST ZIP

Best phone: (home/work/cell?): _____ Ok to leave voicemail? Y N

Email: _____

Date of Birth: _____

If currently employed, name of workplace or school: _____

Are you satisfied in your work / school? Please describe your answer. _____

Primary Care Physician: _____

What medications or supplements do you currently take? _____

Any previous experience with counseling or therapy? _____

Are you currently active in a religious community or congregation? Y N

If so, what community or congregation? _____

Describe what role your religion / spirituality plays in your life: _____

Family Relationship History

Did your parents separate or divorce? If so, how old were you? _____

During your school years (apx K-12), who did you primarily live with as your caregivers?

How would you describe your parents' or caregivers relationship with one another during those school years? _____

Are there qualities of that relationship you admire and want to have in your relationship?

Are there qualities of that relationship you do NOT want to have in your relationship?

Describe your current relationship with your parents / caregivers _____

Any family history of mental illness? _____

Current Relationship

Relationship Status: ___ Married ___ Engaged ___ Dating ___ Other _____

Length of Current Relationship _____

Previously Married? Y N If Yes, how long was the previous relationship? _____

How long ago did it end? _____

How did it end? _____

Please list any children you have:

Name	Age	Gender	Live in your home? (Y / N / Part-time)

Please describe your CURRENT experience of the relationship

1 = none/never 10 = always/a lot

I experience a sense of trust in my partner	1 2 3 4 5 6 7 8 9 10
We fight when together	1 2 3 4 5 6 7 8 9 10
I feel tension in his/her presence	1 2 3 4 5 6 7 8 9 10
I have a desire to leave	1 2 3 4 5 6 7 8 9 10
I feel listened to	1 2 3 4 5 6 7 8 9 10
I experience a sense of jealousy	1 2 3 4 5 6 7 8 9 10
I experience fun and enjoyment with my partner	1 2 3 4 5 6 7 8 9 10
I experience a sense of loneliness in my relationship	1 2 3 4 5 6 7 8 9 10
I have hope that our relationship can improve	1 2 3 4 5 6 7 8 9 10

Which of the following topics would be important to address in counseling?

- | | |
|---|--|
| <input type="checkbox"/> Feeling heard / understood by my partner | <input type="checkbox"/> Avenues for building trust |
| <input type="checkbox"/> Questionable commitment | <input type="checkbox"/> Unhealed injuries, mine or my partner's |
| <input type="checkbox"/> Unproductive, recurring arguments | <input type="checkbox"/> Infidelity / Betrayal |
| <input type="checkbox"/> Physical intimacy | <input type="checkbox"/> Other: _____ |

Are there times or activities where you feel more connected to your partner? _____

What qualities have most attracted you to your partner? _____

Are there topics that you cannot discuss without arguing? _____

Are there past injuries or events that keep you from being able to trust one another? _____

As a couple, have you overcome significant difficulties before? If so, briefly describe what happened: _____

How might they respond to you in order to make you feel valued / appreciated / loved? (Be as specific as possible). _____

Describe the ideal outcome of this counseling process. What would be different? _____
