

SOLACE CENTER

COUPLES INTAKE FORM

1) Name: _____ 2) DOB: _____

3) Address: _____

Street & Number City State Zip

Phone: _____ Cell _____ Social Security No. _____

4) Briefly, what is your main purpose in coming to couple's counseling? _____

INSTRUCTIONS: To assist me in helping you, please fill out this form as fully and openly as possible. Your answers will help plan a course of couples' counseling that is most suitable for you and your partner. Do not exchange this information with your partner at this time.

Several of your answers on this form may be shared later with your partner during joint counseling sessions. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

5) Have you been married before? Yes _____ No _____

If Yes, how many previous marriages have you had? 1 2 3 4 5+

6) How long have you and your partner been in this relationship? _____

7) Are you and your partner presently living together? Yes _____ No _____

8) Are you and your partner engaged to be married? Yes, _____ When? _____ No _____

9) Fill out the following information for each child of whom the natural parent is both you and your partner, children from previous relationships, and adopted children.

_____ Neither of us has children (go to next page) _____ One or each of us has children (continue)

*"Whose Child?" answering options:

B=Both of ours, natural child

BA=Both of ours, adopted (or taken on)

M=My natural child

MA=My child, adopted (or taken on)

P=Partner's natural child

PA=Partner's child, adopted (or taken on)

Child's Name	Age	Sex	*Whose Child?	Lives with Whom?
1) _____	_____	F M	_____	_____
2) _____	_____	F M	_____	_____
3) _____	_____	F M	_____	_____
4) _____	_____	F M	_____	_____
5) _____	_____	F M	_____	_____
6) _____	_____	F M	_____	_____
7) _____	_____	F M	_____	_____
8) _____	_____	F M	_____	_____

- 9) List five qualities that initially attracted you to your partner:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____

Does your partner still possess this trait?

_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No

- 10) List four negative concerns that you initially had in the relationship:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____

Does your partner still possess this trait?

_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No

- 11) List five present positive attributes of your partner:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____

Do you often praise your partner for this trait?

_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No

- 12) List five present negative attributes of your partner:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____

Do you complain to partner about this trait?

_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No

- 13) List five things that you do (or could do) to make your relationship more fulfilling for your partner:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____

Do you often implement this behavior?

_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No

- 14) List five things that your partner does (or could do) to make the relationship more fulfilling for you:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____

Does your partner often implement this behavior?

_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No

- 15) List five expectations or dreams you had about relationships before you met your partner:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____

Has this been fulfilled?

_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No
_____ Yes	_____ No

- 16) On a scale of 1 to 5 rate the following items as they pertain to:
- 1) The present state of the relationship
 - 2) Your need or desire for it
 - 3) Your partner's need or desire for it

CIRCLE THE APPROPRIATE RESPONSE FOR EACH. (If not applicable, leave blank.)

	Present State of the Relationship	Your Need or Desire	Partner's Need or Desire
	(Scale: 1 = Poor or Low, 5 = Great or High)		
1) Affection	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2) Emotional closeness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3) Commitment together	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4) Communication	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5) Child-rearing rules	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6) Financial security	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
7) Honesty	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
8) Housework shared	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
9) Love	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
10) Physical attraction	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
11) Religious commitment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
12) Respect	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
13) Sexual fulfillment	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
14) Social life together	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
15) Time together	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
16) Trust	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Other (specify)			
17) _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
18) _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
19) _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
20) _____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

19) FOR COUPLES LIVING TOGETHER: Which partner spends the most time conducting the following activities?

CIRCLE THE APPROPRIATE RESPONSE FOR EACH. (If not applicable, leave blank.)

M = Me, P = Partner, E = Equal time

Is this equitable (fair)?

1) Auto repairs	M P E	_____ Yes	_____ No
2) Childcare	M P E	_____ Yes	_____ No
3) Child discipline	M P E	_____ Yes	_____ No
4) Cleaning bathrooms	M P E	_____ Yes	_____ No
5) Cooking	M P E	_____ Yes	_____ No
6) Employment	M P E	_____ Yes	_____ No
7) Grocery shopping	M P E	_____ Yes	_____ No
8) House cleaning	M P E	_____ Yes	_____ No

- 9) Inside repairs M P E Yes No
- 10) Laundry M P E Yes No
- 11) Making bed M P E Yes No
- 12) Outside repairs M P E Yes No
- 13) Recreational events M P E Yes No
- 14) Social activities M P E Yes No
- 15) Sweeping kitchen M P E Yes No
- 16) Taking out garbage M P E Yes No
- 17) Washing dishes M P E Yes No
- 18) Yard work M P E Yes No
- 19) Other _____ M S E Yes No
- 20) Other _____ M S E Yes No

20) If some of the following behaviors take place only during MILD arguments circle an “M” in the appropriate blanks. If they take place only during SEVERE arguments, circle an “S.” If they take place during ALL arguments, circle an “A.” Fill this out for you and your impression of your spouse. If certain behaviors do not take place, leave them blank.

CIRCLE THE APPROPRIATE RESPONSE FOR EACH.

M = Mild arguments only, S = Severe arguments only, A = All arguments

<u>BEHAVIOR</u>	<u>BY ME</u>	<u>BY PARTNER</u>	<u>SHOULD THIS CHANGE?</u>	
1) Apologize	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Become silent	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Bring up the past	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Criticize	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Cruel accusations	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Cry	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Destroy property	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Leave the house	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Make peace	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Moodiness	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Not listen	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12) Physical abuse	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13) Physical threats	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14) Sarcasm	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15) Scream	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16) Slam doors	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17) Speak irrationally	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18) Speak rationally	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19) Sulk	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20) Swear	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21) Threaten breaking up	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22) Threaten to take kids	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23) Throw things	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24) Verbal abuse	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25) Yell	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26) _____	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27) _____	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28) _____	M S A	M S A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

21) How often do you have **MILD ARGUMENTS**? _____
SEVERE ARGUMENTS? _____

22) When a **MILD** argument is over how do you usually feel?

23) When a **SEVERE** argument is over how do you usually feel?

CHECK APPROPRIATE RESPONSES

- Angry
- Anxious
- Childish
- Defeated
- Depressed
- Guilty
- Happy
- Hopeless
- Irritable
- Lonely
- Nauseous
- Numb
- Regretful
- Relieved
- Stupid
- Victimized
- Worthless

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- Stupid
- Victimized
- Worthless

24) Which of the following issues or behaviors of you and/or your partner may be attributable to your relationship or personal conflicts? If an item does not apply, leave it blank.

CIRCLE THE APPROPRIATE RESPONSES.

M = My behavior, **P** = Partner's behavior, **B** = Both

Alcohol consumption	M	P	B	Perfectionist	M	P	B
Childishness	M	P	B	Possessive	M	P	B
Controlling	M	P	B	Spends too much money	M	P	B
Defensiveness	M	P	B	Steals	M	P	B
Degrading	M	P	B	Stubbornness	M	P	B
Demanding	M	P	B	Uncaring	M	P	B
Drugs	M	P	B	Unstable	M	P	B
Flirts with others	M	P	B	Violent	M	P	B
Gambling	M	P	B	Withdrawn	M	P	B
Irresponsibility	M	P	B	Works too much	M	P	B
Lies	M	P	B	Other (specify)			
Past marriage(s)/relationship(s)	M	P	B	_____	M	P	B
Other's advice	M	P	B	_____	M	P	B
Outside interests	M	P	B	_____	M	P	B
Past failures	M	P	B	_____	M	P	B

25) What would you like to accomplish out of your time in couples therapy?: _____

I, _____, hereby give my permission for Jessica Willis to share the information that I provide on this form with _____ (partner) when it is deemed appropriate by our therapist.

Client's Signature

Date