



CENTER FOR  
Modern  
Family  
Dynamics  
classes counseling  
creativity community

**Couple Intake and Demographics**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_ Method of contact: **Phone** or **Email** (circle one)

*It is customary practice to mail a letter of termination at the end of treatment. If the above is not a safe or preferred mailing address for you to receive mail at, please provide an alternate mailing address here:*

\_\_\_\_\_

**Couple Information:** *Please list those who will be present for counseling*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: **Single** **Married** ( \_\_\_ years) **Divorced** ( \_\_\_ years) **Widowed** (since \_\_\_\_\_) **Co-Habiting** ( \_\_\_ years)

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Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: **Single** **Married** ( \_\_\_ years) **Divorced** ( \_\_\_ years) **Widowed** (since \_\_\_\_\_) **Co-Habiting** ( \_\_\_ years)

**Children:** *If children are stepsiblings or partial siblings please indicate next to their name*

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Mental Health:**

- Has anyone in the immediate family currently or historically been suicidal? (if so who and when?)  
\_\_\_\_\_
- Has anyone in the immediate family ever been hospitalized for mental health related issues?  
\_\_\_\_\_
- Is anyone in the immediate family currently receiving counseling services with another professional? If so who and for how long?  
\_\_\_\_\_

1) What is the primary concern or issue that led you to decide to seek therapy?

\_\_\_\_\_  
\_\_\_\_\_

2) Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? If yes for either, who, how often and what substances are used? \_\_\_\_\_

3) Has anyone in the family ever struck, physically restrained, used violence against or injured any other person within the family? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

4) Have either of you considered separating or divorce as a result of the current marital problems? If so, when?

\_\_\_\_\_

5) List some strengths in your relationship.

Partner 1: \_\_\_\_\_

Partner 2: \_\_\_\_\_

6) List some weaknesses in your relationship.

Partner 1: \_\_\_\_\_

Partner 2: \_\_\_\_\_

7) How would you know that your time in therapy has been successful? What looks different in your relationship?

<b>Partner 1: Circle any problem that pertains to you at the present:</b>			<b>Partner 2: Circle any problem that pertains to you at the present:</b>		
Anger	Education	Sexual Problems	Anger	Education	Sexual Problems
Work	Drug Use	Loneliness	Work	Drug Use	Loneliness
Relationship	Fatigue	Ambition	Relationship	Fatigue	Ambition
Stomach Problems	Finances	My Appearance	Stomach Problems	Finances	My Appearance
Suicidal Thoughts	Fears about the Future	Friends	Suicidal Thoughts	Fears about the Future	Friends
Concentration	Nightmares	Temper	Concentration	Nightmares	Temper
My thoughts	Parenthood	Health Problems	My thoughts	Parenthood	Health Problems
Age	Nervousness	Ability to Relax	Age	Nervousness	Ability to Relax
Making Decisions	Stress	Self-esteem	Making Decisions	Stress	Self-esteem
Sexual Orientation	Sexual Desire	Sexual Satisfaction	Sexual Orientation	Sexual Desire	Sexual Satisfaction
Physical Abuse	Anxiety	Separation	Physical Abuse	Anxiety	Separation
Energy	Feeling of Inferiority	Appetite	Energy	Feeling of Inferiority	Appetite
Sexual Abuse	Children	Career Choices	Sexual Abuse	Children	Career Choices
Weight	Shyness	Legal Matters	Weight	Shyness	Legal Matters
Self-Control	Memory	Sleep	Self-Control	Memory	Sleep
Under / Over-eating	Alcohol Use	Unhappiness	Under / Over-eating	Alcohol Use	Unhappiness
Depression	Headaches	Fears	Depression	Headaches	Fears
Other: _____			Other: _____		

<p><b>Circle everything that has happened to you in the past three years:</b></p> <p>Death of a spouse/partner</p> <p>Relationship Problems</p> <p>Changes in relationship status</p> <p>Death of another family member</p> <p>Family Problems (Children, in-laws)</p> <p>Loss of Job</p> <p>Major illness or injury—yourself</p> <p>Financial Problems</p> <p>Move to another city or state</p> <p>Major illness or injury—family member</p> <p>Legal Problems</p> <p>Other: _____</p>	<p><b>Circle everything that has happened to you in the past three years:</b></p> <p>Death of a spouse/partner</p> <p>Relationship Problems</p> <p>Changes in relationship status</p> <p>Death of another family member</p> <p>Family Problems (Children, in-laws)</p> <p>Loss of Job</p> <p>Major illness or injury—yourself</p> <p>Financial Problems</p> <p>Move to another city or state</p> <p>Major illness or injury—family member</p> <p>Legal Problems</p> <p>Other: _____</p>
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**Referred by:** \_\_\_\_\_

**Emergency contact information:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_