



Wings of Eagles Counseling Clinic

We will nurture a partnership of hope, health, and wholeness in the people we serve using evidenced based practices to improve families and communities.

Intake Questionnaire - Couples

Name: _____

Date of Birth: _____

Name of Partner: _____

Date of Birth: _____

Address of Primary Residence:

Spouse/Partner's Address (if different):

Phone Number: _____

Email: _____

May we leave a message? Yes No

Relationship Status: (check all that apply)

- Married
- Separated
- Divorced
- Dating
- Cohabiting
- Living together
- Living apart

Length of time in current relationship: _____

Please list names and ages of other family members in the home(s):

What are your treatment objectives (check all that apply):

- Improve communication
- Problem solving
- More quality time together
- More respect/understanding
- More social contacts
- Other (specify): _____
- Conflict resolution
- More intimacy (emotional)
- Resolve individual issues
- Power and control issues
- More sharing of the chores
- Parenting skills
- More intimacy (sexual)
- More autonomy
- More hobbies
- Help for children's behavior

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: _____

Issues 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?

Have 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? (Circle one)

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? (Circle one)

1 2 3 4 5 6 7 8 9 10
(extremely unsatisfied) (extremely satisfied)

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)

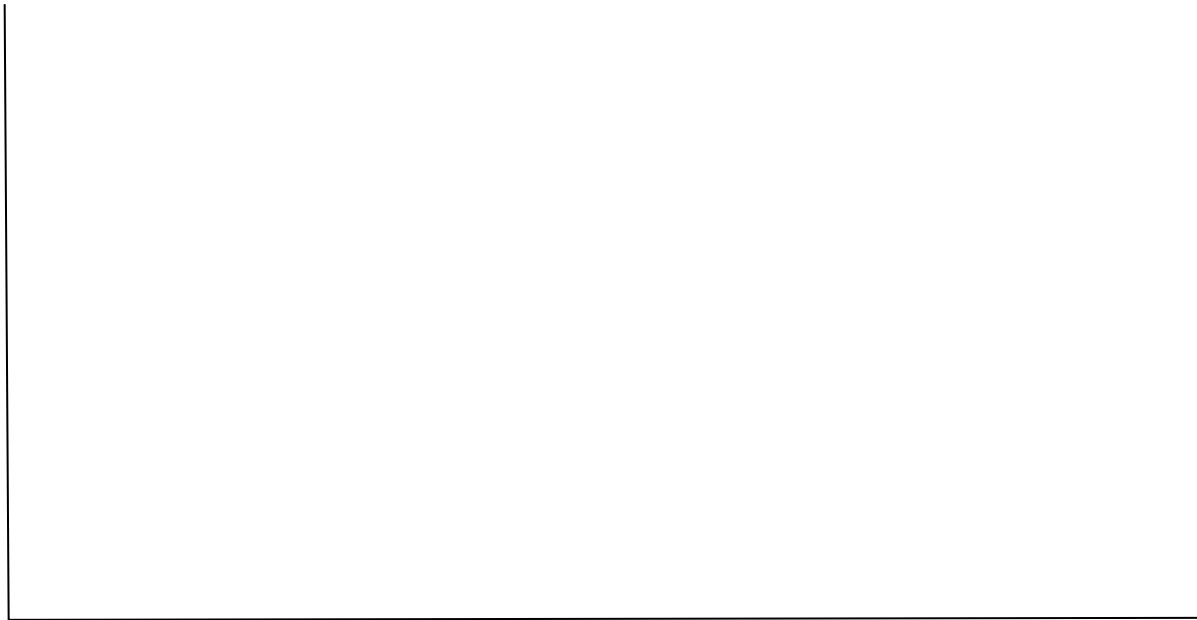
1 2 3 4 5 6 7 8 9 10
(no stress) (high stress)

Rank order the top three concerns that you have in your relationship with your partner (1 being the most problematic):

1. _____
2. _____
3. _____

Lastly, please indicate the level of satisfaction in the relationship with mark for beginning, middle and current 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.