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COUPLES INTAKE FORM

Name: _____ **Date:** _____

Name of Partner: _____

Relationship Status (check all that apply):

- Married
- Divorced
- Engaged
- Cohabiting
- Living Together
- Dating
- Separated
- Living Apart

Length of Time in current relationship: _____

As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in time?

Concern

- No Concern
- Little concern
- Moderate concern
- Serious concern
- Very serious concern

Frequency

- No occurrence
- Occurs rarely
- Occurs sometimes
- Occurs frequently
- Occurs nearly every day

What do you hope to accomplish through couples counseling? _____

What have you already done to deal with the presenting problem that brings you into counseling?

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)

Have you received prior couples counseling related to the problem that currently brings you into therapy?

If yes, when? _____ Where: _____

Treating Therapist: _____ Length of treatment: _____

Treatment Outcome: • Very successful • Somewhat successful • Stayed the same
• Somewhat worse • Much worse than before

Have either you or your partner been in *individual* counseling before? • Yes • No

If so, please give a brief summary of concerns addressed: _____

Do either you or your partner drink alcohol to intoxication or use drugs to intoxication? • Yes • No

If yes for either, please note who, how often, and what substances are taken _____

Do either of you have concerns about physical violence within the relationship? • Yes • No

If yes, please note who, how often, and what occurred: _____

Has either of you threatened to separate or divorce (if married) as a result of the current relationship distress?

• 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Do you perceive that either you or your partner has withdrawn from the relationship?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If yes, who has withdrawn? ___ Me ___ Partner ___ Both of us

