

Sheltered Cove Counseling Center
6488 Spring St., Suite 102, Douglasville, GA 30134
Ph: 770-949-1595 Fax: 770-489-7521

Couples Counseling - Supplemental Intake Form

(This form is completely confidential)

Today's Date: _____

Name: _____ Age: _____

Name or your partner: _____

Relationship Status:

Length of Friendship (prior to dating): _____ years _____ months

Length of Dating Period: _____ years _____ months

If married, date of marriage: _____ Length of marriage: _____ years _____ months

Living Situation:

Presenting Concern(s)

Please describe your reason(s) for seeking couples therapy at this time & then rate the overall level of concern:

Reason #1: _____ Level of Concern:

Reason #2: _____ Level of Concern:

Reason #3: _____ Level of Concern:

Please list 2-3 goals for therapy and/or describe what you hope to get out of therapy.

1) _____

2) _____

3) _____

Current Perspective on the Relationship

What have you already done to work on you concerns/challenges in the relationship?

What are your biggest strengths as a couple?

Please rate your current level of happiness in this relationship on a scale of 1-10:
(where 1 means “Extremely Unhappy” and 10 means “Extremely Happy”)

Please list at least 1 suggestion that you could personally do to improve the relationship regardless of what your partner does.

Have you ever threatened to separate or divorce?

Have you consulted a lawyer about divorce?

Have you withdrawn from the relationship?

How frequently have you had sexual relations during the last month?

How enjoyable is your sexual relationship?
(On a scale of 1-Unpleasant to 10-Pleasant)

How satisfied are you with frequency of your sexual relations?
(On a scale of 1-Unsatisfied to 10-Satisfied)

What is your current level of stress overall?
(On a scale of 1-Low to 10-High)

What is your current level of stress in the relationship?
(On a scale of 1-Low to 10-High)

Domestic Violence Issues/Abuse Issues

Have you struck, physically restrained, used violence against or injured the other person?

If yes, how often and what happened?

Has your partner struck, physically restrained, used violence against or injured the other person?

If yes, how often and what happened?

Please describe frequency and severity (any hospitalization, police involvement, legal charges, etc.):

Physical _____

Sexual _____

Verbal _____

Emotional _____

History of Couples Treatment

Have you received prior couples counseling?

If yes, complete info below:

Dates: _____ Name of therapist/Agency: _____

Problems Treated: _____

Outcome:

Dates: _____ Name of therapist/Agency: _____

Problems Treated: _____

Outcome:

Dates: _____ Name of therapist/Agency: _____

Problems Treated: _____

Outcome:

History of Relationships

Please describe any previous marriages/long-term relationships.

1st Marriage/Long-Term Relationship:

2nd Marriage/ Long-Term Relationship:

3rd Marriage/ Long-Term Relationship:

Additional Info about Prior Relationships:

Family History of Relationships/Marriages

Parents Marital Status: _____ Married _____ Single _____ Divorced _____ Widow / Widower

If your parents are no longer together, how old were you when they separated? _____

If applicable, how did your parents' separation impact your thoughts about marriage/relationships?

Please describe any verbally or physically abusive relationships in your family:

How would you describe your mother's role in the relationship/marriage?

How would you describe your father's role in the relationship/marriage?

Legal History

Please share any legal history related to your marriage/relationship (i.e. starting divorce process, police involvement)

Physical/Medical History

Please share any significant medical problems, symptoms, or illnesses that currently impact your marital life:

Alcohol and Other Drug History

Please share any drug or alcohol issues that currently impact your marital life:

Please share any other couples' information that you would like your therapist to know:

Thank you for completing this form.

Please note that you will be asked to talk about your answers in session
however, your partner will not be shown this form.