



Anew Perspective, Inc.
6201 W. Main Street, Suite 120
Maryville, IL. 62062
Phone: (618) 977-6252 | (618) 208-1690
Fax: (618) 772-7200
www.anewperspectiveinc.com

Couples Counseling Initial Intake Form

***Please fill out this intake form (both partners separately) in its entirety and bring with you to your first appointment.**

Name: _____

Date: _____

Name of Partner: _____

Relationship Status: (Circle all that apply)

Married
Separated
Divorced
Dating

Cohabiting
Living together
Living apart

Length of time in current relationship: _____

As you think about the presenting problem bringing you here today, circle the frequency and overall level of concern of the issue(s):

Concern:

No concern
Little concern
Moderate concern
Serious concern
Very serious concern

Frequency:

No occurrence
Occurs rarely
Occurs sometimes
Occurs frequently
Occurs nearly always

What do you hope to accomplish in counseling?

What have you already tried to deal with the difficulties?

What are your strengths as a couple?

Make at least one suggestion as to something you could personally do to improve the relationship, regardless of what your partner does.

Have you previously attended couples counseling? Yes or No

If yes, when: _____ Where: _____

Therapist: _____ Length of time: _____

Problems treated: _____

Outcome: _____

Have either you or your partner been to individual counseling previously? Yes or No

If so, problems treated: _____

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

If yes for either, who, how often, and what (alcohol or drugs): _____

Have either you or your partner struck, physically restrained, and used violence against or injured the other person? Yes or No; If yes, who was the aggressor and when was the most recent instance?

Have either of you threatened to separate or divorce (if married) as a result of the current relationship problems? Yes or No; If yes, who? _____

If married, have either you or your partner consulted with a lawyer about divorce?
Yes or No; If yes, who? _____

Do you perceive that either you or your partner has withdrawn from the relationship?
Yes or No; If yes, who? _____

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

Please list the top three concerns you have in your relationship with your partner (1 being the most problematic):

1. _____
2. _____
3. _____