



480.331.5002 www.excelsocialservices.com

Couple Demographic Information

Date: _____

Client Name #1: _____ DOB: _____ Age: _____

Client Name #2: _____ DOB: _____ Age: _____

Residential Address: _____ City: _____ Zip: _____

We can send billing/treatment information to this address? Yes No

Home Phone #1: _____ Messages ok? Yes No

Home Phone #2: _____ Messages ok? Yes No

Cell Phone #1: _____ Messages ok? Yes No

Cell Phone #2: _____ Messages ok? Yes No

Ethnic/Racial Identity: _____ Spiritual Orientation: _____

Occupation: _____ Employer/School: _____

Relationship Status: Single Married Committed Relationship Divorced Separated
 Widowed Other: _____

Emergency Contact Name #1: _____ Relationship to you: _____

Home Phone: _____ Other: _____

Emergency Contact Name #2: _____ Relationship to you: _____

Home Phone: _____ Other: _____

Referred by: Physician Friend Google Ad Website Other _____

I give permission to receive messages via: Email Text Phone

Client Signature #1: _____ Date: _____

Client Signature #2: _____ Date: _____

Intake Questionnaire

Each partner should complete their own questionnaire

Client Name: _____ DOB: _____ Age: _____

What is the problem that led you to decide to come to couples' therapy?

What have you already done to deal with the difficulties?

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 been in individual or couples counseling before? Yes No If yes, please give a summary of the concerned you addressed.

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 use

If married, have either you or your partner consulted with a lawyer about divorce? Yes
 No If yes, who? Me Partner Both of use

How long have you and your partner been together? In what form (e.g., dating, living together, married)?

What initially attracted you to your partner?

What was the beginning of your relationship like and how long did this phase last?

What happened that first caused you to feel disillusioned with your partner? Did this lead to any changes in your relationship?

How long has it been since things were good between the two of you? What caused things to go downhill after that?

How are the two of you similar and how are you different?

What do you do when there is conflict between the two of you? What does your partner do?

What do you do when you are angry with him? What does your partner do when angry with you?

What strengths and weaknesses do you have in resolving conflict? What would you say are your partner's strengths and weaknesses in resolving conflict?

Do you enjoy being involved in activities separate from you partner? What do you like to do in those situations?

How comfortable are you if your partner spends free time away from you?

Do you have relationships with other people that create conflict with your partner, and if so, why?

On a scale of 1 to 10, how aware or in touch with your emotions are you (1=not at all and 10=extremely)? Explain the rating you give yourself.

On a scale of 1 to 10, how open are you in expressing your innermost feelings, desires and thoughts to your partner (1=totally closed and 10=totally open)? Explain the rating you give yourself.

What is the area or topic that it is most difficult for you to open with your partner about? Why?

**When you could use support or encouragement from your partner, do you get it? How?
When your partner wants support of encouragement from you do you feel that you give it?
How?**

Describe your sexual relationship. What do you find most satisfying about it? What don't you like about it? How has your sexual relationship changed since you were first together?

When do you feel most content in your relationship? When do you feel most unhappy or frustrated?

On a scale of 1 to 10, describe your level of commitment to your relationship (1=not at all, 10= extremely). Explain the rating you give yourself.

On a scale of 1 to 10, how much do you still love your partner (1=not at all, 10=very deeply)? Explain the rating you give yourself.

On a scale of 1 to 10, how much do you respect your partner (1=not at all, 10=very highly)? What is it about him that creates that level of respect in you?

What role have you played in contributing to the problems in your relationship; what tendencies do you have and what actions have you taken that have helped create or have added to the difficulties between you two?

If your relationship was a book or a movie, what would it be titled? And how would it end?

Do either you or your partner drink alcohol or take drugs to intoxication? Yes No If yes for either, who, how often, and what drugs or alcohol?

Have either your or your partner stuck, physically restrained, used violence against or injured the other person? If yes, who, how often, and what happened?

Therapist's Note: _____

Diagnosis code: _____

Client signature: _____ Date: _____

Therapist Name: _____

Therapist Signature: _____ Date: _____