

McClellan & Associates
Glenn E. McClellan, Ph.D.

Couples Counseling Intake Form

(Thank you for taking the time to complete this form. It will take approximately 5 minutes to respond to these prompts and questions. The information obtained here is strictly confidential and will be used to better direct and serve you during our counseling time. If there are some questions you would prefer to bring up in person, feel free to leave them blank or write "will respond later".) -Thank you

General Information

Name: _____ Date _____

Address: _____

Phone: _____

May I email you? If so, email address: _____

Emergency contact: _____

Family History

Current relationship status: (circle) **married, separated, divorced, living together, living apart, dating, widowed, single.**

Did your parents divorce while you were growing up? _____ If so, how old were you? _____

Number of siblings in your family of origin? _____

Please list the birth order of your family including yourself from Oldest to Youngest

(first name-oldest) 1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

Please write one sentence that summarizes your relationship with...

Your Father _____

Your Mother _____

Employment Status

Are you both currently employed? explain. _____

Occupation? _____

Presenting Problem

What is the primary reason that you are here today? _____

Do you have children? *From previous relationships?*

Together with your current partner?

If so, please list them by their first names and current age here starting with your oldest.

- 1. _____ age _____
- 2. _____ age _____
- 3. _____ age _____
- 4. _____ age _____
- 5. _____ age _____

What is your overall level of concern at this point in time?

(circle all that apply) **little concern, moderate concern, serious concern; occurring rarely, occurring sometimes, occurring frequently.**

What is your level of relationship happiness?

(circle one: 1 being very unhappy and 8 being very happy) **1 2 3 4 5 6 7 8**

What do you hope to accomplish through counseling? _____

Do you or your partner drink alcohol or take drugs to intoxication? _____

If so, how often, and what drugs or alcohol? _____

Have you or your partner ever struck, restrained or used violence against one

another? _____ If so explain circumstances. _____

Diagnostic Assessment

Do you feel that you or your partner has withdrawn from the relationship? _____

If so, who has withdrawn? (circle all that apply): me, my partner, both of us

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

How satisfied are you with the frequency of your sexual relations? (circle one:

1 being very unsatisfied and 8 being very satisfied) 1 2 3 4 5 6 7 8

Rank the top 3 concerns in your relationship with your partner. (1 being the most problematic)

1. _____

2. _____

3. _____

History of Problem

How long have these relationship difficulties been going on? _____

What have you already done to deal with these problems? _____

Have you ever received couples' counseling before? _____

If yes to the above question, explain when the treatment took place, by whom, and your outcome.

Have you or your partner ever been treated for individual counseling? If so, share here.

Physical Health/ Medications

Do you have any medical or surgical limitations? _____

Date of last physical exam? _____

Are you currently under medical treatment? _____ If so, explain. _____

If you are currently taking medication please identify type and reason for the prescription.

Relationship/Social support

Do you engage in any activities as a family? _____

Do you socialize with family and friends as a couple outside of work?. Explain. _____

Do you have a religious affiliation?(Denomination) _____

Do you participate in any activities related to your religious affiliation? _____

What is your current level of stress overall? (circle one: **1** being no stress and **8** being high stress)

1 2 3 4 5 6 7 8

What is your current level of stress in the relationship? (circle one: **1** being no stress and **8** being high stress)

1 2 3 4 5 6 7 8

Are the problems in your relationship affecting your ability to function at work, at home? Explain.

Circle the numbers of all the statements that are true:

- 1. My moods are a problem to the relationship.**
- 2. My partner's moods are a problem to the relationship.**
- 3. My temper adversely affects our relationship.**
- 4. My partner's temper adversely affects our relationship.**

Have you ever had an affair during this relationship with your partner?

Has your partner ever had an affair? _____

Is your partner currently having an affair? _____

What is the greatest strength your partner brings to the relationship? _____

What is the greatest strength you bring to the relationship? _____

How committed are you to staying in the relationship? Explain. _____

What are you wanting to gain most from couples counseling? _____

end