



Couples CPR Intake Form: To assist me in helping you, please fill out this form as fully and openly as possible. Your answers will help plan a course of couples therapy that is most suitable for you and your partner. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

DEMOGRAPHIC INFORMATION:

Name: _____ Age: _____

Address: _____

Phone: _____ Can I call you here? _____ Can I leave a message? _____

Email address: _____

In case of emergency, please notify: _____

Emergency contact phone: _____ Relationship to client: _____

RELATIONSHIP INFORMATION:

1. Please indicate your relationship status: (check all that apply)

___ Married ___ Dating ___ Separated ___ Divorced ___ Cohabiting ___ Partnered

2. Briefly tell me about the issues/concerns that have brought you here. Why are you seeking couples counseling at this time?

3. Have you been married before? No _____ Yes _____ : (if yes, # of times?) _____

4. How long have you and your partner been in this relationship? _____

5. Are you and your partner presently living together? Yes _____ No _____

6. Are you and your partner engaged to be married? Yes _____ No _____ If yes, when?
_____ If not, is this a source of conflict? Yes _____ Maybe _____ No _____

7. Do you feel as though your temper adversely affects your relationship? Yes ___ No ___ Your partner's temper? Yes ___ No ___

8. Do you feel as though your mood adversely affects your relationship? Yes ___ No ___ Your partner's mood? Yes ___ No ___ If you answered yes to either, which moods?

9. **If neither you nor your partner has children, please move on to Question #10.** If either you or your partner have children, please fill out the following information for each child:

*Whose child? answering options:

B = both of ours, natural child

MA = my child, adopted (or taken on)

BA = both of ours, adopted (or taken on)

M = my natural child

P = partner's natural child

PA = partner's child, adopted (or taken on)

Child's name	Age	*Whose child?	Lives with whom?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

10. Please mark the appropriate response to indicate whether any of the following are current or past issues in the relationship. If not applicable, leave blank.

C = current issue P = past issue

___ Affection	___ Emotional closeness	___ Commitment
___ Communication	___ Child-rearing practices	___ Chores
___ Controllingness	___ Defensiveness	___ Divorce
___ Degrading/demeaning comments	___ Financial issues	___ Family responsibilities
___ Getting engaged	___ Flirting with others	___ Gambling
___ Irresponsible behavior	___ Honesty	___ Housework
___ Lying	___ Jealousy	___ Love
___ Past relationships	___ Outside interests	___ Parenting
___ Pregnancy issues	___ Perfectionism	___ Physical attraction
___ Social life	___ Respect	___ Sexual fulfillment
___ Time together	___ Spiritual concerns	___ Stubbornness
___ Withdrawing	___ Trust	___ Violence
	___ Working too much	

11. If conflicts or arguments are NOT an issue, please move on to Question #12. If they are an issue, please circle the appropriate response for each. If some of the following behaviors take place only during MILD arguments, circle an "M" in the appropriate blank. If they take place only during SEVERE arguments, circle an "S." If they take place during all arguments, circle an "A." Fill this out for you and your perception of your spouse. If certain behaviors do not take place, leave them blank.

Behavior	By Me:			By Partner:			Is this a source of conflict?	
1. Apologizing	M	S	A	M	S	A	Yes ___	No ___
2. Becoming silent/ withdrawing	M	S	A	M	S	A	Yes ___	No ___
3. Breaking things	M	S	A	M	S	A	Yes ___	No ___
4. Bringing up the past	M	S	A	M	S	A	Yes ___	No ___
5. Criticizing	M	S	A	M	S	A	Yes ___	No ___
6. Cruel accusations	M	S	A	M	S	A	Yes ___	No ___
7. Crying	M	S	A	M	S	A	Yes ___	No ___
8. Leaving the house	M	S	A	M	S	A	Yes ___	No ___
9. Making peace	M	S	A	M	S	A	Yes ___	No ___
10. Moodiness	M	S	A	M	S	A	Yes ___	No ___
11. Name-calling	M	S	A	M	S	A	Yes ___	No ___
12. Not listening	M	S	A	M	S	A	Yes ___	No ___
13. Physical abuse	M	S	A	M	S	A	Yes ___	No ___
14. Physical threats	M	S	A	M	S	A	Yes ___	No ___
15. Sarcasm	M	S	A	M	S	A	Yes ___	No ___
16. Screaming	M	S	A	M	S	A	Yes ___	No ___
17. Slamming doors	M	S	A	M	S	A	Yes ___	No ___
18. Speaking irrationally	M	S	A	M	S	A	Yes ___	No ___
19. Speaking rationally	M	S	A	M	S	A	Yes ___	No ___
20. Sulking	M	S	A	M	S	A	Yes ___	No ___
21. Swearing	M	S	A	M	S	A	Yes ___	No ___
22. Threatening breaking up	M	S	A	M	S	A	Yes ___	No ___
23. Threatening to take the kids	M	S	A	M	S	A	Yes ___	No ___
24. Throwing things	M	S	A	M	S	A	Yes ___	No ___
25. Verbal abuse	M	S	A	M	S	A	Yes ___	No ___
26. Yelling	M	S	A	M	S	A	Yes ___	No ___
26. _____	M	S	A	M	S	A	Yes ___	No ___

12. Have you ever been verbally abusive to your partner? Yes ___ No ___ I don't know ___
 Has your partner ever been verbally abusive to you? Yes ___ No ___ I don't know ___

13. Have you ever been physically abusive to your partner? Yes ___ No ___ I don't know ___
Has your partner ever been physically abusive to you? Yes ___ No ___ I don't know ___

14. Have you ever had an affair (or inappropriate outside relationship) during your current relationship? Yes ___ No ___

If yes, is the affair current? Yes ___ No ___

If yes to either question, do you want the affair to be over? Yes ___ No ___

15. Has your partner ever had an affair (or inappropriate outside relationship) during your current relationship? Yes ___ No ___

If yes, is the affair current? Yes ___ No ___

16. Have you ever been in couples' therapy before? Yes ___ No ___

If yes, what was the experience like?

17. Please fill in the percentages to indicate your amount of satisfaction and commitment:

I am _____ % committed to staying in our relationship.

I am _____ % satisfied in our relationship.

18. On a scale from 0 to 6, how would you rate your current level of happiness in your relationship? (Circle one)

0	1	2	3	4	5	6
Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect

19. What have you done to address the current issues you are facing?

Which of your efforts seem to be helpful?

Which of your efforts seem less helpful?

20. What have you noticed your partner doing to address the current issues you are facing?

Which of his/her efforts are helpful?

Which of his/her efforts are not helpful?

21. What are some strengths of this relationship?

INDIVIDUAL INFORMATION:

22. Please fill in any current or past issues that are personally affecting you. If an item does not apply, leave it blank.

- | | |
|---|--|
| <input type="checkbox"/> Academic/work issues | <input type="checkbox"/> Childhood abuse (physical, sexual, emotional) |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Difficulty focusing | <input type="checkbox"/> Difficulty sleeping |
| <input type="checkbox"/> Drinking heavily | <input type="checkbox"/> Drug use: _____ |
| <input type="checkbox"/> Eating binges | <input type="checkbox"/> Eating disorders/body image |
| <input type="checkbox"/> Family-of-origin issues | <input type="checkbox"/> Feeling afraid |
| <input type="checkbox"/> Injuring self | <input type="checkbox"/> Identity issues (gender, sexual, etc.) |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Memory loss/blackout |
| <input type="checkbox"/> Missing work/class | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Phobias (type: _____) | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Physical symptoms (i.e. headaches, digestive): _____ | |
| <input type="checkbox"/> Pregnancy issues | <input type="checkbox"/> Sexual assault/rape <input type="checkbox"/> Recently (when: _____) |
| <input type="checkbox"/> Stress/anxiety | <input type="checkbox"/> In the past |
| <input type="checkbox"/> Spiritual concerns | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Substance use | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Withdrawing socially | <input type="checkbox"/> Sexual preoccupations/obsessions |
| <input type="checkbox"/> Other: _____ | |

23. Have you ever been in individual therapy before? Yes No

If yes, why did you seek treatment? _____

24. Are you currently seeing a therapist? Yes No

If yes, why are you in therapy? _____

25. Are you currently on any medications for mental health issues? (please list)

26. Have you been on any medications for mental health issues in the past? (please list)

27. Are you currently taking any herbals or supplements? (Please list)

28. Have you had any previous suicidal thoughts or attempts? Yes _____ No _____ If yes, please describe:

29. Are there any physical health concerns or other life circumstances that may be relevant?

30. Use this space for any other information you wish to add: