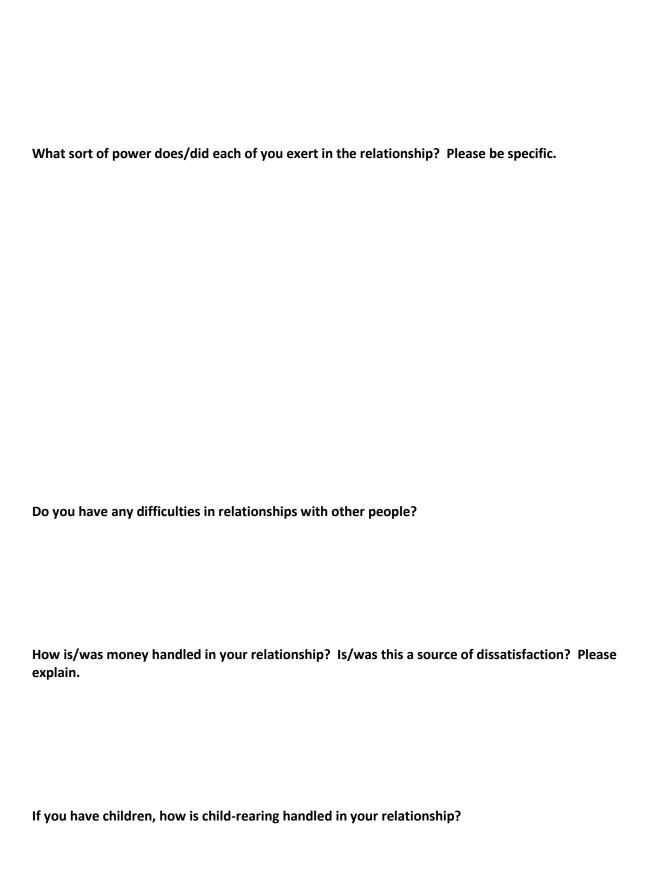
## COMPREHENSIVE DIAGNOSTIC ASSESSMENT/INTAKE RELATIONSHIP SUPPLEMENT

Intake Date:		
Client Name:	D.O.B//	Sex:
What measures have you or did you take to solve	e these problems?	
In general, how have (or did) you and your partn	or handlo(d) conflicts in your role	otionshin?
in general, now have (or did) you and your partir	er nandie(d) connicts in your reid	ationsinp:

Generally speaking, do/did you and your partner share the same values? Please explain.



If in an intimate relationship, are you satisfied with your sexual life together? Explain.

How does/did your relationship compare to your parent's marriage (in what ways is it different or the same?).