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**COMPREHENSIVE DIAGNOSTIC ASSESSMENT/INTAKE
RELATIONSHIP SUPPLEMENT**

Intake Date: ____/____/____

Client Name: _____

D.O.B. ____/____/____

Sex: _____

What measures have you or did you take to solve these problems?

In general, how have (or did) you and your partner handle(d) conflicts in your relationship?

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



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What sort of power does/did each of you exert in the relationship? Please be specific.

Do you have any difficulties in relationships with other people?

How is/was money handled in your relationship? Is/was this a source of dissatisfaction? Please explain.

If you have children, how is child-rearing handled in your relationship?



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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?).