

Tree of Life Counseling Services 1460 Walton Blvd Suite 60 (Main Office) Rochester Hills, MI 48309 www.treeoflifecounselingservices.com (248) 608-4514

Couples Counseling Intake Form

Please note that while you will be asked to talk about your answers in sessions, your partner will not be shown this form

Name:			Date				
Phone:	M	May I leave a message? Y / N					
s it acceptable to email you? If so, en	nail						
address:		Relations	hip Status: (check all that apply)				
☐ Married	☐Living Together	☐ Divorced	-				
☐ Separated	□Living apart	☐ Dating					
What do you hope to accomplish throu							
				-			
What have you already done to deal wi	ith the difficulties?			-			
				-			
				-			
				-			
What are your biggest strengths as a co	ouple?						
				-			
				-			
Please rate your current level of relation feelings about the relationship.	onship happiness by o	ircling the numbe	er that corresponds with yo	ur current			
1 2 3	4 5 6	7 8	9 10				
(extremely unhappy)			(extremely happy)				
Please make at least one suggestion as what your partner does:	s to something you c	ould personally do	o to improve the relationsh	ip regardless			
Have you received prior couples cour	nealing related to any	of the above and	olems? TyesTNo				
If yes, With whom:							
Where:		treatment					
Outcome:							

Have either you been in individual counseling before? ☐ Yes ☐ No If so, give a brief summary of concerns you addressed.											
	•	•				ake drugs		cation?		Yes □ì	No
Do you	ı ever w	ish your	partner	would c	ut back	on his/hei	drinking	g or drug	use?	Yes □	No □N/A
Have e □Yes	ither yo □No		_			lly restrai		l violence	e against	or injure	d the other person?
□Yes	□No	If yes,	who? you or y	□Me	□Part	ener sulted wit	□Both	of us er about o		rent relat	tionship problems?
	ı percei	•	ither you	ı or you		has with		om the re	lationshi	p?	
How en		e is your 1 cremely unp	2	relations	hip? (Ch 4	neck one) 5	6	7	8	9	10 (extremely pleasant)
How sa		are you s	2	frequend	cy of yo 4	ur sexual 5	relations' 6	? (Check 7	one) 8	9	10 (extremely satisfied)
What is		urrent le 1 stress)	evel of st 2	cress (ov 3	erall)? ((4	Check one	e) 6	7	8	9	10 (high stress)
What is		urrent le 1 stress)	evel of st	tress (in 3	the relat 4	ionship)? 5	(Check of	one) 7	8	9	10 (high stress)

nk the order of the top	three concerns you	ı have in your relat	ionship with your p	partner (1 being th	ne most problema
1					_
2					_
3					_