

Initial Couples Interview – Intake Form

Confidential – For Clinical Use Only

Couple ID: _____ Date: _____
Partner A Name: _____ Partner B Name: _____

Section 1 – Relationship Origin & History

How did you meet?

What first drew you to each other?

What are some of your happiest memories together?

What major life events have you experienced together?

How have these events brought you closer—or driven you apart?

Section 2 – Current State of the Relationship

On a scale of 1–10, how satisfied are you? Partner A: _____ Partner B: _____

What's one thing your partner does that makes you feel loved?

What's one thing that creates tension between you?

If things don't change, where will your relationship be in 1 and 5 years?

Section 3 – Conflict Patterns & Triggers

What usually sparks disagreements?

Describe a recent disagreement:

In conflict, do you tend to: Pursue / Withdraw / Both

Which patterns occur most? Criticism / Defensiveness / Contempt / Stonewalling

How do arguments usually end?

How quickly do you escalate or shut down?

Section 4 – Emotional Connection & Attachment

When stressed, do you turn toward or away from your partner?

When was the last time you felt deeply understood by your partner?

What makes you feel emotionally safe with each other?

When disconnected, what do you most wish your partner would do?

Section 5 – Goals & Hopes

If your relationship were thriving, what would be different?

What personal changes are you willing to make?

What would you keep exactly the same?

What is the #1 goal for couples therapy?

Therapist Observation Notes (private)

Eye contact, body posture, tone: