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## **Couples Intake**

Welcome to Visualize Your Life Counseling! So that I may assist you better, please complete the following information.

Date: \_\_\_\_\_ How were you referred you to us? \_\_\_\_\_

(#1) Client name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

(#2) Client name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

(#1) Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

(#2) Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ phone \_\_\_\_\_

Can we identify ourselves as counselors from VYLC Counseling? \_\_\_yes\_\_\_no

Have you ever seen a therapist here? \_\_\_yes\_\_\_no Therapist's Name \_\_\_\_\_

Have EACH individual fill out his/her own responses to the questions below:

What first attracted you to your spouse/partner? \_\_\_\_\_

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What brought you together?

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What are some of the strengths your spouse/partner brings to the relationship? \_\_\_\_\_

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What are some of the strengths you bring to the relationship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of the strengths and things you like about your relationship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the (3) most difficult issues or situations you struggle within your relationship right now?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_