CENTER FOR INTEGRATED
BEHAVIORAL HEALTH

NEW COUPLES INTAKE

Date______________

Identifying Information:

Name: ____

Address: ____

City_________________________________ State_______ Zip ____________________

DOB: _________________________ SS#______________________________

Marital Status ________________________ Gender M F

Ethnicity _______________________________ Religion ______________________________

Home Phone ________________________________ Can we leave a message at this number Y N

Work Phone _________________________________ Can we leave a message at this number Y N

Cell Phone __________________________________ Can we leave a message at this number Y N

Email: ______________________________________ May we contact you via email? Y N

How do you prefer to be contacted ____

Insurance Information:

Insurance Carrier: ____ ID#______________________

Insurance Holder name: ___________________________________ Relation_______________________

Group#__________________________________ Insurance Holder Date of Birth:_________________

Emergency Contact Information:

Emergency Contact____ Ph#________________________

Relationship ___________________________

How did you hear about us? Who referred you?

Relationship Status: (check all that apply)
□ Married
□ Separated
□ Divorced
□ Dating
□ Cohabitating
□ Living together
□ Living apart

Length of time in current relationship: _______________

As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in time?
Concern
□ No concern
□ Little concern
□ Moderate concern
□ Serious concern
□ Very serious concern

Frequency
□ No occurrence
□ Occurs rarely
□ Occurs sometimes
□ Occurs frequently
□ Occurs nearly always

What do you hope to accomplish through counseling?

What have you already done to deal with the difficulties?

What are your biggest strengths as a couple?

Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship.

1 2 3 4 5 6 7 8 9 10
(extremely unhappy) (extremely happy)

Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does.

Have you received prior couples counseling related to any of the above problems?
□ Yes □ No

If yes, when:

Where:

By whom:

Length of treatment:

Problems treated:
What was the outcome (check one)?
□ Very successful
□ Somewhat successful
□ Stayed the same
□ Somewhat worse
□ Much worse

Have either you or your partner been in *individual* counseling before? □ Yes □ No
If so, give a brief summary of concerns that you addressed.

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication?
If yes for either, who, how often and what drugs or alcohol?

Have either you or your partner struck, physically restrained, used violence against or injured the other person?
If yes for either, who, how often and what happened.

Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

If yes, who? ___Me ___Partner ___Both of us

If married, have either you or your partner consulted with a lawyer about divorce?
If yes, who? ___Me ___Partner ___Both of us

Do you perceive that either you or your partner has withdrawn from the relationship?
If yes, which of you has withdrawn? ___Me ___Partner ___Both of us

How frequently have you had sexual relations during the last month? ________times
How enjoyable is your sexual relationship? (Circle one)

1 2 3 4 5 6 7 8 9 10
(extremely unpleasant) (extremely pleasant)

How satisfied are you with the frequency of your sexual relations? (Circle one)

1 2 3 4 5 6 7 8 9 10
(extremely unsatisfied) (extremely satisfied)

What is your current level of stress (overall)? (Circle one)
1 2 3 4 5 6 7 8 9 10
(no stress) (high stress)

What is your current level of stress (in the relationship)? (Circle one)

1 2 3 4 5 6 7 8 9 10

(No Stress) (high stress)

Rank order the top three concerns that you have in your relationship with your partner (1 being the most problematic):

1.

2.

3.

Thank you for completing this. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in sessions but your partner will not be shown this form.