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COUPLES INFORMATION FORM

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*Please review and discuss the answers to these questions before filling out the form..*

**PROBLEM DESCRIPTION AND HISTORY** *(print)*

1) How long have you been together as a couple? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2) How did you meet each other? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) As a couple, how would you describe the problems you are experiencing in the relationship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Have you sought help before with this problem(s)? Where, when, and how?

\_\_\_\_\_  
\_\_\_\_\_

5) What results did you have?

\_\_\_\_\_  
\_\_\_\_\_

6) How do you express affection in your relationship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7) Do you participate in sexual relations with each other? Yes  No

If yes, how often do you have sex? \_\_\_\_\_

- 8) Is there any verbal or physical violence in your relationship: Yes  No

If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9) Have there been any separations in your relationship? Yes  No

If yes, describe what happened and when it occurred; how did you reconcile? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 10) Are either of you currently working with other therapists? Yes  No

If 'Yes', may I have your permission speak with them? Yes  No

Please provide name(s), address(es), and phone number(s) of any other mental health professionals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11) Have you previously participated in couples counseling? Yes  No

- 12) Have you participated in a marriage/relationship retreat through a church or on a private basis?

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 13) Provide any additional information that may help me understand your current struggles in this relationship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_