

Intake Couples Counseling

This questionnaire will help me best understand your current difficulties as well as your past history. Please fill out this questionnaire to the best of your ability before your intake appointment and bring it with you. Read the questions carefully and answer them as fully as possible (use the reverse side of the paper if necessary). If there are questions that you don't understand, please mark them with a star (\*) and we will review them with you at the intake appointment. Many of the questions are designated Partner A and Partner B. One of you should complete as A and the other as B. Please DO NOT ANSWER FOR EACH OTHER.

Date:

Partner A \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Partner B \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Home address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Address:

Telephone Numbers (Partner A):

Telephone Numbers (Partner B):

Email A

Email B

Children Names: \_\_\_\_\_ ages: \_\_\_\_\_

Have either of you ever had psychological counseling or therapy?

Please specify Psychiatric Diagnoses (Past and Present)

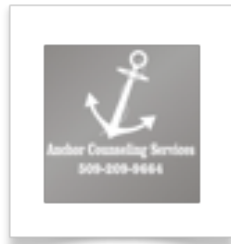
Partner A Y / N

Partner B Y / N

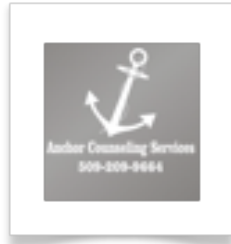
Current Medications

Current Medications

Please list the names, addresses, and telephone numbers of any other professionals consulted. (They will only be contacted with your written consent.)



	<b>Partner A</b>	<b>Partner B</b>	<b>Children</b>
Highest Level of Education Completed			
Degrees/Diplomas			
Current Occupation Past “ “			
Any diagnosed learning difficulties? If so in what subjects?			
Any psychological or psychiatric problem for which treatment was received?			
Any Attention Deficit Disorder (with or without Hyperactivity?)			
Social/Behavioral/Health problems?			
significant medical history for you, your spouse, or your family?			



Please provide any information about each of your extended families that might help me understand your needs (medical, behavioral, psychological, educational, and emotional):

The following table is designed to assess your and your spouse’s ability to relate to others. Circle all that apply.

- Partner A / B Difficulty relating to others?
- Partner A / B Verbally argue a lot with others?
- Partner A / B Difficulty making friends?
- Partner A / B Difficulty maintaining friendships?
- Partner A / B Have at least one good friend?
- Partner A / B Are you invited to friend’s houses?
- Partner A / B Like to host others at your house?
- Partner A / B Have a small group of good friends?
- Partner A / B Prefer to be alone?

Do you like your spouse’s friends? Partner A Y / N  
Partner B Y / N

Add any comments about your social circumstances that are relevant:

What time do you go to bed? A \_\_\_\_\_ B \_\_\_\_\_ What time do you get up? A \_\_\_\_\_ B \_\_\_\_\_

Is your sleep consistent? Partner A Y / N Partner B Y / N

Are you concerned that you don’t get enough sleep and/or have poor sleep quality?

Alcohol use

Partner A Y / N Please specify: Occasional Weekly Daily

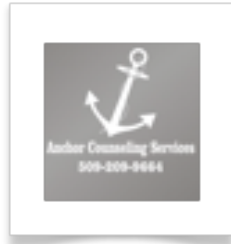
Partner B Y / N Please specify: Occasional Weekly Daily

Drug use

Partner A Y / N Please specify: Occasional Weekly Daily

Partner B Y / N Please specify: Occasional Weekly Daily

Is substance use/abuse a concern for either of you? Y / N



What problems or questions have caused you to seek help at this time?

Do you and your Partner agree about the difficulties? Y / N Does each person want to obtain help? Y / N

Please describe any major family stressors that may have impacted you in the past or that may impact you now:

Are there any particularly traumatic or troubling events which have happened in your life which I should know about in order to understand you better? (please give details, include incidents you feel were traumatic even though they might not have been for someone else)

Are you and your spouse currently intimate with each other? Y / N Are you satisfied with you sex life? Partner A: Y / N Partner B: Y / N If no, what would you like to be different?

Do either of you use pornography? Y / N Is this a problem for you or your partner? Y / N

Have you ever witnessed violence inside or outside of the home? Partner A Partner B  
If yes please specify

Is there any additional information or anything that you feel is pertinent to know that has not been covered in this questionnaire?

Who referred you to Anchor Counseling Services Spokane? May we thank them?