



Lindsay Martin, PhD, LPC, NCC

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Couples Counseling Intake Form

This form must be completed by both partners before couples counseling may begin. It helps me to get a sense of your current relationship status, which helps expedite the intake process. Thank you very much for answering these questions to the best of your ability.

Partner One
Full Name
Date of Birth
Email Address
Phone Number
Address

Partner Two
Full Name
Date of Birth
Email Address
Phone Number
Address

Status of relationship? Married/separated/divorced/cohabiting/living apart/etc.

How long have you been in this relationship?

Do you have children? Yes No Other _____

If you have children, please list number of children and their ages:

Please provide information related to deceased children and/or adopted, foster, or any other children either inside or outside of your custody, as appropriate.

What is your primary reason for coming to couples counseling?

How serious is this issue? (0 – no concern and 10 – extremely concerned)

0 1 2 3 4 5 6 7 8 9 10

What do you hope to accomplish through counseling?

What have you done so far to deal with your difficulties as a couple?

What are your biggest strengths as a couple?

How happy are you in your relationship? (0 – extremely unhappy and 10 – extremely happy)

0 1 2 3 4 5 6 7 8 9 10

What is one thing you could do to improve your relationship?

What is one thing your partner could do to improve your relationship?

Have you received couple counseling before? Yes No

If yes, what was the outcome?

Have either of you injured or threatened violence against the other person?

Yes No I'm not sure

If yes, how often has this happened, and what happened?

Have either of you considered leaving the other person?

Yes No I'm not sure

If married, have you consulted with a lawyer regarding divorce?

Yes No

How satisfied are you with your sexual relationship? (0 – not at all and 10 – extremely satisfied)

0 1 2 3 4 5 6 7 8 9 10

List your top three concerns regarding your relationship:

Acknowledgement

Are you agreeable and committed to seeking couples counseling services as provided by Lindsay Martin, PhD, LPC, NCC?

Yes

No

I'm not sure

Partner One

Print Name _____

Signature _____ Date _____

Partner Two

Print Name _____

Signature _____ Date _____
