



COUPLES THERAPY INTAKE

Client Names: _____

RELATIONAL BACKGROUND

Tell us the relationship you are coming to therapy for (i.e. partners, marriage, chosen family, polyamorous, etc).

How long have you been in a relationship and in what form (i.e. dating, living together, married, etc)?

What is the primary reason for seeking relational therapy? (ex. Communication, financial management, spirituality concerns, infidelity, trust issues, cultural matters, sexual concerns, parenting, substance use, divorce/separation, etc.)

Tell us what you enjoy about your relationship.

How is conflict handled in your relationship?

TRAUMA/ABUSE

Are there any traumatic experiences you would like us to know that have affected the relationship?

Any history of verbal/emotional, physical, or sexual abuse within the relationship? If so, is the abuse ongoing or when was the last incident?

SEX/INTIMACY

Is sex part of your relationship?

If not, would you like it to be?

If so, are you satisfied with your sex life? How so (frequency, type, etc.)?

Would you like to discuss sexual concerns or topics with your therapist?

OTHER

Anything else you'd like to share about your relationship?