## DANA FLYNN SCHNEIDER, PSY.D. Pitts & Associates Inc., 601 Beacon Pkwy W., Suite 201, Birmingham, AL 35209

Today's date:			
Your name:			
Last		First	Middle Initial
Date of Birth:/	/		
Home street address:			
City:	State:	Zip:	
Home Phone:		_ Work Phone:	
Calls will be discreet, but please in	ndicate any re	strictions:	
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Calls will be discreet, but please in Name of Employer: Address of Employer: City: Referred by: May I have your permission to tha	ndicate any re	strictions: Zip: n for the referral? Yes	   No
Cell Phone:Calls will be discreet, but please inCalls will be discreet, but please inName of Employer:Address of Employer:City: _	ndicate any re	strictions: Zip: n for the referral? Yes	   No

## **Couples Initial Intake Form**

## **Relationship Status**: (check all that apply)

 Married
 Separated
 Living Together
 Living Apart
 Divorced
 Dating

Length of time in current relationship?

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
(ext	remely	y unhaj	ppy)						(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?

Have either of you been in individual counseling before? Yes No

If so, please give a brief summary of the concerns you addressed.

. . . . .....

Do either you or your partner drink alcohol or take drugs to intoxication? Yes. No If yes for either, who, how often, and what drugs or alcohol?

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

Do you ever wish your partner would cut back on his/her drinking or drug use?

Yes No N/A

Comment:

Have either your or your partner stuck, physically restrained, used violence against or injured the other person? Yes No

If yes, 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?

Yes No If yes, who? Me Partner Both of us

If married, have either you or your partner consulted with a lawyer about divorce? Yes No If yes, who? Me Partner Both of us

Do you perceive that either you or your partner has withdrawn from the relationship? Yes No If yes, who? Me Partner Both of us

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		
(extr	emely ı	insatisf	ied)					(ex	tremely sat	tisfied)	

What	is your	currer	nt level	of stress	s (in the	relation	iship)? (	Circle	one)
1	2	3	4	5	6	7	8	9	10
(no sti	ress)								(high stress)

What	is you	r currei	nt level	of stres	s (overal	ll)? (Circ	le one)			
1	2	3	4	5	6	7	8	9	10	
(no st	ress)							(	(high stres	s)

# COUPLE SATISFACTION CHECKLIST

	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	Very Satisfied	From the 13 items, Check 3 areas you most want to change
Degree of Closeness, Openness, Confiding, Sharing and Comforting								
Expression of Affection and Caring								
Satisfaction with Sexual Intimacy								
Handling Conflicts & Arguments								
Expression of Anger, Criticism, or Blame								
Handling Family Finance								
Handling of Parenting Issues								

# COUPLE SATISFACTION CHECKLIST

	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	Very Satisfied	From the 13 items, Check 3 areas you most want to change
Handling of Household Tasks								
Common Interests & Social Life								
Degree of Respect & Admiration for Your Partner								
Satisfaction with Your Role in the Relationship					-			
Satisfaction with Your Partner's Role in the Relationship								
Overall Satisfaction with Your Relationship								

Form completed by: \_\_\_\_\_

Date:				