

COUPLE INTAKE

Name: _____ Date: _____

Instructions: Rate the following issues in the relationship according to the following:

1 = No problem

5 = Severe Problem

Communication	1	2	3	4	5
Finances	1	2	3	4	5
Conflict Resolution	1	2	3	4	5
Sexual Concerns	1	2	3	4	5
Religious Issues	1	2	3	4	5
Social/Fun Time	1	2	3	4	5
Roles	1	2	3	4	5
Priorities	1	2	3	4	5
Romance	1	2	3	4	5
Drugs or Alcohol	1	2	3	4	5
Parenting	1	2	3	4	5
Personal Problems (Self)	1	2	3	4	5
Personal Problems (Spouse)	1	2	3	4	5
Other: _____	1	2	3	4	5

Briefly describe the problem(s) that you are experiencing at this time that has caused you to seek therapy: