



# CONNECTIONS THERAPY CENTER

## Couples Intake

Dr. Cindy Stear, PsyD and Associates

815-957-0115

drcindystear@connectionstherapycenter.com

### Personal / Family

Name \_\_\_\_\_

Partner's Name \_\_\_\_\_

Your Age \_\_\_\_\_ Birth Date \_\_\_\_\_

How many times have you been married: \_\_\_\_\_ divorced: \_\_\_\_\_ separated: \_\_\_\_\_ committed

(not married): \_\_\_\_\_ engaged: \_\_\_\_\_ widowed \_\_\_\_\_

	<u>Years Married (Committed)</u>	<u>Reason for Divorce (Termination)</u>
Current	_____	_____
Previous	_____	_____
Previous	_____	_____
Previous	_____	_____

What is your religion \_\_\_\_\_

Your Children	<u>Name</u>	<u>Age *</u>	<u>Personality</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

\* if deceased, list age at death in parenthesis

Have you lost a child to death \_\_\_\_\_ miscarriage \_\_\_\_\_ abortion \_\_\_\_\_ If so, describe

Do your children have any disabilities or handicaps \_\_\_\_\_ If so, please describe \_\_\_\_\_

### Parents/Childhood

Did your parents divorce \_\_\_\_\_ If yes, how old were you \_\_\_\_\_

What religion were you raised in \_\_\_\_\_

Describe your mother: \_\_\_\_\_

Describe your father: \_\_\_\_\_

What family secrets are you ashamed of: \_\_\_\_\_

Describe your parents' relationship \_\_\_\_\_

Who do you feel warmest towards: your mother \_\_\_\_\_ your father \_\_\_\_\_  
How many stepmothers did you have \_\_\_\_\_ stepfathers \_\_\_\_\_  
How many brothers \_\_\_\_\_ and sisters \_\_\_\_\_ do you have.  
Your birth order: \_\_\_\_\_ born of \_\_\_\_\_ children (example: 2nd born of 5 children).  
Rate your overall happiness as a child from 0 to 10 (0 is very unhappy, 10 is very happy): \_\_\_\_\_

### **Relationships**

How is your partner like your mother \_\_\_\_\_

How is your partner like your father \_\_\_\_\_

How do you feel about your partner's male friends \_\_\_\_\_

How do you feel about your partner's female friends \_\_\_\_\_

Rate your overall relationship with your partner from 0 to 10 (0 is very unhappy, 10 is very happy): \_\_\_\_\_

How do religious beliefs affect your relationship \_\_\_\_\_

What do you see as the man's role in a relationship \_\_\_\_\_

What do you see as the woman's role in a relationship \_\_\_\_\_

What is a perfect relationship \_\_\_\_\_

Has the military affected your relationship \_\_\_\_\_ If so, describe how \_\_\_\_\_

What are you most afraid of in your relationship \_\_\_\_\_

What makes you angry in your relationship \_\_\_\_\_

What emotions are lacking in your relationship \_\_\_\_\_

What emotions are used excessively in your relationship \_\_\_\_\_

How does your partner show you that you are appreciated \_\_\_\_\_

What do you do to show your partner you appreciate him/her \_\_\_\_\_

Name three of your strengths that help build and improve your relationship \_\_\_\_\_

Name three of your weaknesses that are damaging to your relationship \_\_\_\_\_

Rate the trust level between you and your partner (0 is none, 10 is very high) \_\_\_\_\_

Rate how happy you are with your sex life with your partner (0 is very unhappy, 10 is very happy) \_\_\_\_\_

What things are you not able to express to your partner \_\_\_\_\_

What does it mean for you to be committed to your partner \_\_\_\_\_

How is your current relationship different from your parents' relationship \_\_\_\_\_

How is it like your parents' relationship \_\_\_\_\_

What would you like to change in your relationship \_\_\_\_\_

What are your expectations about your partner \_\_\_\_\_

What are your expectations about your relationship \_\_\_\_\_

How does committing to your partner feel to you \_\_\_\_\_

What do you fight/disagree about most often \_\_\_\_\_

In arguments with your partner, who usually gives in \_\_\_\_\_

Describe an incident when you hurt your partner sexually, physically and emotionally (if any)

Sexually \_\_\_\_\_

Physically \_\_\_\_\_

Emotionally \_\_\_\_\_

Who controls the money in your relationship \_\_\_\_\_ How does money affect your relationship \_\_\_\_\_

**Personal**

What do you do when you are angry \_\_\_\_\_

Have you ever been in psychotherapy: \_\_\_\_\_ If yes, for how long: \_\_\_\_\_ For what: \_\_\_\_\_

Are you in therapy now: \_\_\_\_\_ For what: \_\_\_\_\_

What conflicts are you experiencing in your life at the present time: \_\_\_\_\_

Are you comfortable with your body \_\_\_\_\_ Why or why not \_\_\_\_\_

Do you have a fear of men \_\_\_\_\_ of women \_\_\_\_\_ Please explain \_\_\_\_\_

What do you do when you are afraid \_\_\_\_\_

Are you satisfied with your work financially \_\_\_\_\_ emotionally \_\_\_\_\_

Would you like to change your job/career \_\_\_\_\_ Why \_\_\_\_\_

How is your job/career affecting your relationship \_\_\_\_\_

List goal(s) for couples counseling:

\_\_\_\_\_

\_\_\_\_\_