



5. Additional Intake for People in Intimate Relationships

This is an addition to my original intake form, which I realized may not necessarily meet the needs of people in couples, families, or other intimate relationships as well as it meets the needs of individuals. This addition is meant to specifically aid us in discussing the dynamics of your relationship. This is meant to be filled out separately, discussed separately with me and each of you, and then discussed all together (unless certain information might not be safe to share).

Section I: Coming to Therapy

Whose idea was it to come to therapy? Does anyone have any reservations?:

What are you hoping to get out of coming to therapy?:

Is anyone also in individual therapy? What are they doing in individual therapy, generally?:

Section II: Your Relationship

How long have you been in a relationship together? Briefly describe your relationship's origin story.:

What do you wish could be different about your relationship(s)?:

What do you like about your relationship(s)?:

What have you attempted to address the issue(s) in your relationship(s) prior to coming to therapy?:

Please describe a few important habits/rhythms/routines in your relationship(s). For example, person A might always take the trash out while person B does the dishes, you eat dinner together Sunday evenings, watch an episode of TV before bed together, etc.:

Section III: Kids

Do you have any kids? If so can you please list their names, ages, and how they are related to your intimate relationship(s)?:

Section IV: Sex

If your relationship(s) involve(s) sex, how frequently do you currently engage in sex?:

How frequently would you like to engage in sex? Does this match with your partner(s)?:

How satisfied are you with sex in your relationship(s)? How satisfied do you think your partner(s) is/are?:

Section V: Safety

Have you ever felt unsafe in your intimate relationship(s)? Why?:

Have you ever hit, kicked, spanked, used a weapon, or threatened to do any of these things in your intimate relationship(s)? Has this happened to you in your intimate relationship(s)?:

Have you ever been yelled at, belittled, or gotten the silent treatment in your intimate relationship(s)? Have you ever yelled, belittled, or given the silent treatment in your intimate relationship(s)?:

Have you ever been touched against your will in your intimate relationship(s)? Have you ever touched your intimate person(s) against their will?:

Section VI: Moving Forward with Therapy

Please share up to three issues which are your main concerns in this/these relationship(s), and which you are hoping to address in therapy.: