

**Clarity Psychological Group  
Couple's Intake**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Partner:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

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

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Married   |  |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Living together |
| <input type="checkbox"/> Divorced  | <input type="checkbox"/> Living apart    |
| <input type="checkbox"/> Dating    |  |

**Length of time in current relationship:** \_\_\_\_\_

**As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in time?**

***Concern***

- Little concern
- Moderate concern
- Serious concern
- Very serious concern

***Frequency***

- Occurs rarely
- Occurs sometimes
- Occurs frequently
- Occurs nearly always

**What do you hope to accomplish through counseling?**

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**What have you already done to deal with the difficulties?**

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**What are your biggest strengths as a couple?**

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**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**Do you perceive that either you or your partner has withdrawn from the relationship?** Yes  No

If yes, which of you has withdrawn? \_\_\_Me \_\_\_Partner \_\_\_Both of us

**How frequently have you had sexual relations during the last month? \_\_\_\_\_ times**

**How enjoyable is your sexual relationship? (Circle one)**

1 2 3 4 5 6 7 8 9 10  
(extremely unpleasant) (extremely pleasant)

**What is your current level of stress (overall)? (Circle one)**

1 2 3 4 5 6 7 8 9 10  
(no stress) (high stress)

**What is your current level of stress (in the relationship)? (Circle one)**

1 2 3 4 5 6 7 8 9 10  
(no stress) (high stress)

**Rank order the top three concerns that you have in your relationship with your partner (1 being the most problematic):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_