

**COUPLE'S PATIENT DATA**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security # \_\_\_\_\_

In case of emergency, contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you employed?  Yes  No Where: \_\_\_\_\_

Marital Status:  Married  Separated  Living with partner  Other \_\_\_\_\_

With whom do you live?  Spouse  Partner  Roommate  Other \_\_\_\_\_

Number of children at home: \_\_\_\_\_ Age/Sex: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List any past medical problems (including serious surgeries, hospitalizations or head injuries). Please include year of occurrence: \_\_\_\_\_

List any current ongoing medical problems: \_\_\_\_\_

\_\_\_\_\_

List all medications you are currently on: \_\_\_\_\_

Have you ever received counseling for any reason?  Yes  No

When: \_\_\_\_\_ Where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for a psychiatric reason?  Yes  No

When: \_\_\_\_\_

Where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received treatment for drugs or alcohol?  Yes  No

When: \_\_\_\_\_

Where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended any self-help groups like AA, CODA, etc?  Yes  No

Please check which of the following applies:

Why are you here?

- Improve a basically satisfying relationship
- Our marriage is in crisis
- It would help us to talk to someone
- It's not me who has a problem, I'm here because my partner needs help
- We're considering a divorce
- I'm unsure about staying in the marriage
- I believe my partner is unsure about wanting to stay in the marriage
- Decisions about having a child
- Decisions about someone moving in with us
- Explain \_\_\_\_\_
- Problems with family members
- Explain \_\_\_\_\_
- Blended family problems
- Sexual problems
- Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I think I can be helped with my problem in:

- 1 session
- 2-5 sessions
- 6-10 sessions
- More than 10 sessions

## PROBLEM INVENTORY

I/We are **CURRENTLY** having the following problems (please check all that apply):

- Lack of support/encouragement
- No appreciation shown – no compliments
- Lack of time together
- Partner is in control and wants own way
- Different ways of resolving conflicts
- I don't think my partner really understands me or cares to
- We don't talk enough
- My partner doesn't listen to me
- My partner won't go anywhere with me
- I feel our life together is too routine
- There seldom seems time in our life for leisure or play as a couple
- I believe our values and goals have changed
- My partner needs constant praise and reassurance
- I don't feel I can share my inner thoughts or feelings with my partner
- My partner uses information in a hurtful way
- My partner can be disrespectful
- I don't feel I can disagree with my partner
- I'm afraid of conflict with my partner
- We have difficulty making joint decisions
- We don't share similar interests
- We fight too much
- My partner is unhappy if I do anything alone or with friends
- My partner spends too much spare time with friends rather than me
- We never have time together without the children
- I feel the children are more important to my partner than I am
- Problems with an affair that affect our relationship
- Family members interfere in our relationship
- My partner is always working and spends little time with me or our family
- My partner spends time on a hobby

Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |                          |   |                             |                                  |
|--------------------------|---|-----------------------------|----------------------------------|
| <input type="checkbox"/> | Problems with alcohol in the relationship                             | <input type="checkbox"/> me | <input type="checkbox"/> partner |
| <input type="checkbox"/> | Problems with drugs in the relationship                               | <input type="checkbox"/> me | <input type="checkbox"/> partner |
| <input type="checkbox"/> | Engages in physically violent behavior                                | <input type="checkbox"/> me | <input type="checkbox"/> partner |
| <input type="checkbox"/> | Threatens physical violence   | <input type="checkbox"/> me | <input type="checkbox"/> partner |
| <input type="checkbox"/> | Threatens to leave/divorce  | <input type="checkbox"/> me | <input type="checkbox"/> partner |
| <input type="checkbox"/> | Name calling  | <input type="checkbox"/> me | <input type="checkbox"/> partner |
| <input type="checkbox"/> | Throws/breaks things/hits wall  | <input type="checkbox"/> me | <input type="checkbox"/> partner |
| <input type="checkbox"/> | Physical or threatening actions/violence directed towards children by | <input type="checkbox"/> me | <input type="checkbox"/> partner |
| <input type="checkbox"/> | Sexual abuse of children by   | <input type="checkbox"/> me | <input type="checkbox"/> partner |

- Problems with children/step-children
- Problems with parenting/discipline
- Problems with parents/in-laws
- Problems with other family members
- Death of child or other family members
- Partner depressed, suicidal or other emotional problems
- I'm often depressed or suicidal
- I think about killing my partner or someone else
- Financial problems
- My partner gambles too much
- I gamble too much
- I was sexually/physically abused as a child

- The only good thing in our relationship is sex
- Deciding how to please each other sexually
- Deciding how often to have sex
- Deciding when to have sex
- Talking to partner about sex
- Unsatisfying sex
- Not enough affection shown
- My partner rarely shows affection except when wanting sex
- My partner flirts or pays too much attention to others
- I/my partner wants to engage in non-traditional sexual behaviors
- There is conflict over sexual practices such as use of pornography, "900" numbers, masturbation, etc. Explain: \_\_\_\_\_

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- Other \_\_\_\_\_
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