

Pryor & Associates Counseling  
and Diagnostic Center

**Couples Counseling Intake Form**



**104 W. Spinner Road  
DESOTO, TEXAS 75115**

**PHONE: (972) 900.9730  
FAX: (972) 767.0044**

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

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

**Is your partner participating in therapy:**  **Yes**  **No**

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Please list any children/age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **May we leave a message?**  **Yes**  **No**

**Cell/Other Phone:** \_\_\_\_\_ **May we leave a message?**  **Yes**  **No**

**E-mail:** \_\_\_\_\_ **May we email you?**  **Yes**  **No**

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

**Married together**  **Separated**  **Divorced**  **Dating**  **Cohabiting**  **Living**

**Living apart**

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



**Have you received prior couples counseling related to any of the above problems?**  Yes  No

If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

By whom: \_\_\_\_\_ Length of treatment: \_\_\_\_\_

Problems treated:

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**What was the outcome (check one)?**

Very successful     Somewhat successful     Stayed the same     Somewhat worse

Much worse

**Have either you or your partner been in individual counseling before?**  Yes  No **If so, give a brief summary of concerns that you addressed.**

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**Do either you or your partner drink alcohol to intoxication or take drugs to intoxication?**

If yes for either, who, how often and what drugs or alcohol?

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**Have either you or your partner struck, physically restrained, used violence against or injured the other person?**

If yes for either, who, how often and what happened.

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**Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?**

If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

**If married, have either you or your partner consulted with a lawyer about divorce?**

If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

**Do you perceive that either you or your partner has withdrawn from the relationship?**

If yes, which of you has withdrawn?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)

**How satisfied are you with the frequency of your sexual relations? (Circle one)**

1      2      3      4      5      6      7      8      9      10

(extremely unsatisfied)

(extremely satisfied)

**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. \_\_\_\_\_

**When did you met/began dating?** \_\_\_\_\_

**Judge your relationship over time.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for completing this. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in sessions but your partner will not be shown this form.**