Intake Questionnaire Couple/Marriage

This questionnaire is for the purpose of getting to know you better in order to provide the best possible mental health services. Please complete this form as honestly and completely as possible. It is important that you both complete this form individually before the first session. Please either submit the form to the PranaMind online portal, bring the form with you to the first meeting, or email it to info@pranamind.com. All information that you provide will be confidential as required by state and federal law.

Name: _____ DOB: _____
Address (City, State and Zip): _____
Mailing Address (if different): _____
Marital Status: _____
Male/Female: _____
Phone: Home _____ Work _____
Cellular _____Email: _____

WHO CURRENTLY LIVES IN YOUR RESIDENCE (Adults and Children):

	Name	Relation	Sex	Age		Name	Relation	Sex	Age
1					4				
2					5				
3					6				

EMPLOYMENT INFORMATION

Place of Employment: _____
Address (City, State, Zip): _____
Position: _____ ☐ Full Time ☐ Part Time
Not working because: _____

PREVIOUS MENTAL HEALTH TREATMENT

1. Have you received prior couples counseling? ☐ Yes ☐No
   If yes, for what problems?

   When: _____ Where: _____
   Therapist: _____ Length of treatment: _____
2. Was the outcome successful? ☐ Very ☐ Somewhat ☐ No change ☐ Got worse

3. Have you previously or are you currently in individual counseling before? ☐ Yes ☐ No
   If yes, give a summary of concerns you addressed:

   When: _____ Where: _____
   Therapist: _____ Length of treatment: _____
   Was the outcome successful? ☐ Very ☐ Somewhat ☐ No change ☐ Got worse

PSYCHIATRIC AND MEDICAL HISTORY

1. Have you been hospitalized for a psychiatric illness? ☐ Yes ☐ No
2. Please list any psychiatric problems you have been diagnosed with:

3. Please list any medical or "physical" problems that you have been diagnosed with:

4. Please list any medications you currently take, and what you take them for:

Name of Psychiatrist: _____ Phone: _____
Practice Name: _____
Address (City, State, Zip): _____
Date of last appointment: _____

STRESSFUL LIFE EVENTS

Please describe any recent or current stressful life events you or your family have been experiencing:

Problem	If yes, please describe
Financial problems	
Difficulty Accessing Health Care	
Legal Issue	
Cultural Issue	

Family Conflict	
Moving	
Social Problems	
Educational Problems	
Occupational Problems	
Housing Problems	
Grief or Bereavement	
Hospitalization	
Other	

YOUR RELATIONSHIP THAT YOU ARE SEEKING HELP FOR

1. How long have you been married, cohabiting, separated, or divorced:
   _____

2. What do you do when there is conflict between the two of you? What does your partner do?

3. What do you do when you are angry? What does your partner do when angry?

4. What strengths do you have that support resolving differences? What strengths does your partner have?

5. Do you spend time alone? Do you enjoy your free time? Does planning how to spend it create anxiety for you?

6. Do you have separate friendships with people who are not mutual friends? Does this create conflict in your relationship?

7. When you feel like you want support or encouragement from your partner, do you get it? How? When your partner wants support or encouragement from you, do you feel that you give it? How?

8. Do you support your partner's development as an individual? How (give an example)?

9. Please rate your current level of relationship satisfaction by circling the number that corresponds with your current feelings about the relationship:
(extremely unsatisfied) **1 2 3 4 5** (extremely satisfied)

10. How satisfied are you in expressing your innermost wants, thoughts, desires, and feelings to your partner? (extremely unsatisfied) **1 2 3 4 5** (extremely satisfied)

11. How satisfied are you with the frequency of your sexual activities? (circle one)
(extremely unsatisfied) **1 2 3 4 5** (extremely satisfied)

12. How satisfied are you with the quality of your sexual activities? (circle one)
(extremely unsatisfied) **1 2 3 4 5** (extremely satisfied)

13. What is your current level of stress in the relationship? (circle one)
(No stress) **1 2 3 4 5** (extremely stressed)

14. Do either you or your partner drink alcohol or take drugs to intoxicate?
☐ Yes ☐ No If yes for either, who, how often and what drug/alcohol?

15. Have either you or your partner physically restrained, harmed, or injured the other person? (e.g. pushed, shoved, grabbed, or slapped, etc.) ☐ Yes ☐ No If yes for either partner, who, how often and what happened?

16. Has either of you threatened to separate/divorce because of the current relationship problems? ☐ Yes ☐ No If yes, who? ☐ Me ☐ Partner ☐ Both

17. If married, have either of you consulted with a lawyer about divorce?
☐ Yes ☐ No If yes, who? ☐ Me ☐ Partner ☐ Both

18. Do you perceive that either you or your partner has withdrawn from the relationship?
☐ Yes ☐ No If yes, who? ☐ Me ☐ Partner ☐ Both

19. Have you or your partner ever emotionally or physically cheated on each other?
☐ Yes ☐ No If yes, who? ☐ Me ☐ Partner ☐ Both

20. What are your treatment goals (check all that apply):

☐ Improve communication	☐ Problem Solving
☐ More respect/understanding	☐ More social contacts
☐ More intimacy (emotional)	☐ Parenting skills
☐ More intimacy (sexual)	☐ More quality time
☐ Conflict resolution	☐ More autonomy
☐ More hobbies	☐ Help for children's behavior
☐ Resolve individual issues	☐ Power and control issues
☐ More sharing of the chores	☐ Other (Specify): _____

What have you already tried to address these difficulties?

21. Whose idea was it to come to therapy? ☐ Mine ☐ Partner ☐ Both
Was there a prompting event that led someone to make this call? (Why seek help now?)

22. What are your biggest strengths as a couple?

23. Please make at least three suggestions as to something you could personally do to improve the relationship regardless of what your partner does:

    _____

    _____

    _____

24. How important is it to you to improve the quality of your relationship? (circle one) (not important) **1 2 3 4 5** (extremely important)

25. How willing are you to make "working on this relationship" a priority in your life? (circle one) (not willing) **1 2 3 4 5** (extremely willing)

26. If your relationship were a movie, drama, or book, what would it be titled? How would it end?

27. Is there anything else that you would like to mention?