

ABN: 84 224 571 741

**INTAKE FORM\_ Creative Couples Therapy**

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.

Name:	
Date of birth:	
Gender Identity:	
Partner Name:	

Contact Address:		May I leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:		
Your contact number:		
Emergency person:		
Phone number:		
How did you find me?		
Website <input type="checkbox"/>	Health Kit <input type="checkbox"/>	Word of mouth <input type="checkbox"/>
		NNT <input type="checkbox"/>
		Other <input type="checkbox"/>
Relationship status:	Married <input type="checkbox"/>	Separated <input type="checkbox"/>
		Divorced <input type="checkbox"/>
		Dating <input type="checkbox"/>
		De facto <input type="checkbox"/>
		Other <input type="checkbox"/>
Length of time in relationship?		

Have you <b>received prior couples counselling /Arts Therapy /Individual</b> Counselling? What worked/ what did not?



What do you **hope to accomplish** in the session/s?

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What do you consider to be some of your **strengths** personally and as a couple?

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What **do you not like about yourself** and or your **relationships**?

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Current **mental health issues** and or **diagnosis** I should be aware of?

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Have you experienced **feeling suicidal?** & what are some of your protective factors?

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Any substance abuse and or **traumatic experiences** that you have faced that you would **like to share**?

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:

Do you perceive that either you or your partner has **withdrawn from** the relationship? If yes, who?

- Me  
 Partner  
 Both of us

How enjoyable is your sexual relationship?	(Circle one) 1 2 3 4 5 6 7 8 9 10 (extremely unpleasant ~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 unpleasant ~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.

How do you describe your **family of origin dynamics** and **your role** in your family system?

**Draw your relationship over time**, indicating your level of relationship satisfaction beginning with when you met your partner.

Satisfied	
Unsatisfied	
Beginning	Now