

Brazos Valley Mental Health and Wellness, LLC

Couples Intake

Name: _____ Partner's Name: _____

Marital Status: (Please circle one)

- Never married
- domestic partnership
- married
- Separated
- divorced
- widowed

Please list the names and age of your children (if applicable):

From current relationship:

From previous relationship:

How would you rate your current relationship satisfaction?

Poor Unsatisfactory Satisfactory Good Very good

How long have you been in your current relationship?

How long were your parents married?

Please circle any of the following symptoms or concerns that apply to your situation:

- Sexual dysfunction lack of sex trust issues unsatisfied
- Unhappy infidelity repetitive arguing parenting differences
- Faithfulness lack of sleep jealousy lack of affection
- Lack of alone time issues with partners parents financial stress
- unsupported
- Lack of help with house work unappreciated lack of laughter