

Bright Horizons Counseling LLC

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Couples Counseling Initial Intake Form

Name: _____ Date: _____

Name of your Spouse/ Partner _____

Relationship Status:

- Married
- Divorce
- Living Together
- Dating
- Separated
- Living Apart

Length of time in Current relationship: _____

In regards to the primary concern/reason that brings you here, how would you rate its frequency and your overall level of concern at this point of time?

Concern:

- No Concern
- Little Concern
- Moderate Concern
- Serious Concern
- Very Serious Concern

Frequency

- No Occurrence
- Occurs Rarely
- Occurs Sometimes
- Occurs Frequently
- Occurs Nearly always

Number of Children (Including biological, adopted, foster, step):

| Name | Sex | Age | Type |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

How did you learn about us? _____

What do you hope to accomplish through Counseling?

What have you already done to deal with the difficulties?

What are your biggest Strengths as a couple?

Please rate your current level of relationship Happiness by circling the number that corresponds your current feelings about the relationship.

1 2 3 4 5 6 7 8 9 10
(Extremely unhappy) (Extremely happy)

Please make at least one suggestion as to something you could personally do to improve this relationship regardless of what your spouse/partner does.

Have you received prior couples counseling? YES NO

If yes, when: _____ Where: _____

By whom: _____ Length of the treatment: _____

Reason to terminate: _____

Have you or your spouse/partner been in Individual counseling before?

Yes No

Reason: _____

Do you or your spouse/partner drink alcohol or take drugs for intoxication?

Yes No

If yes, who, how often and what drug or alcohol?

Have you or your spouse/partner struck, physically restrained, used violence against each other?

Yes No

If yes, who, how often and what happened.

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

Yes No

If yes, who? ___Me ___Partner ___Both

Do you perceive that either you or your partner has withdrawn from the relationship?

Yes No

If yes, which of you has withdrawn?

___Me ___Partner ___Both

Couple's Agreement:

We, _____, agree to be as honest as possible in our discussions as part of our attempt to improve our relationship. This may mean that difficult or embarrassing events may be discussed. In the event of divorce, we agree not to use the therapy (progress) notes of Reena Sharma, LPC, CRADC, and LCPC against each other for any reason (e.g. Child custody, divorce legal proceedings, etc.)

Signatures: _____

Signatures: _____

Date: _____

Date: _____

If you want to add anything please feel free to write in the space below: