

# IRISE Counseling Services, LLC



## Couples Counseling Initial Intake Form

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

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

Relationship Status: (check all that apply)

- Married
- Separated
- Divorced
- Dating
- Cohabiting
- Living together
- Living apart

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

As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in 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

What do you hope to accomplish through counseling?

---

---

---

What have you already done to deal with the difficulties?

---

---



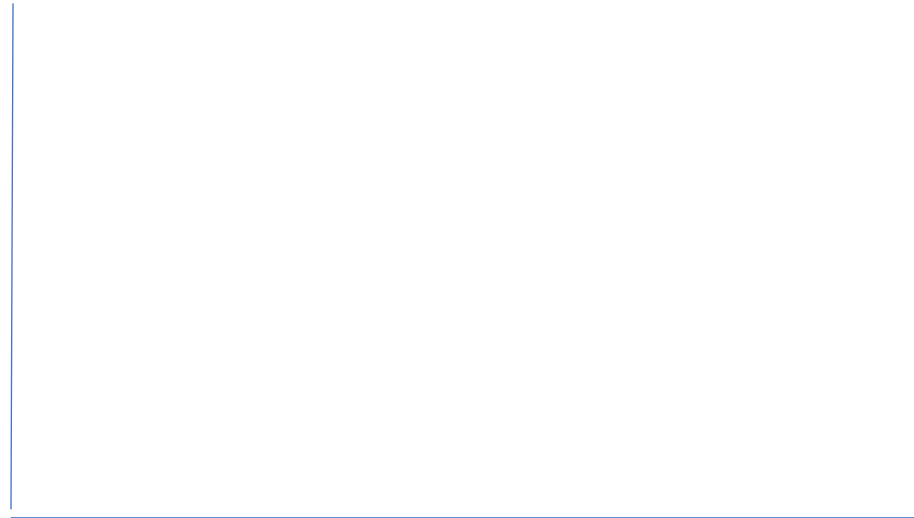


# IRISE Counseling Services, LLC



Lastly, please draw a graph indicating your level of relationship satisfaction beginning with when you met your partner. Note pivotal/significant events in your relationship (e.g., one of you moved out, one of you cheated)

Complete Satisfaction



No satisfaction

When you were dating

Relationship over time

Current

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.

214 S. Burnside Ave. Ste 203 Gonzales, La. 70737 ❖ [www.irisecounselingservices.com](http://www.irisecounselingservices.com) ❖ 225-647-9001 Phone ❖ 225-647-9001 Fax ❖ [irisecounselingservices@gmail.com](mailto:irisecounselingservices@gmail.com)