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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?

What are your biggest strengths as a couple?

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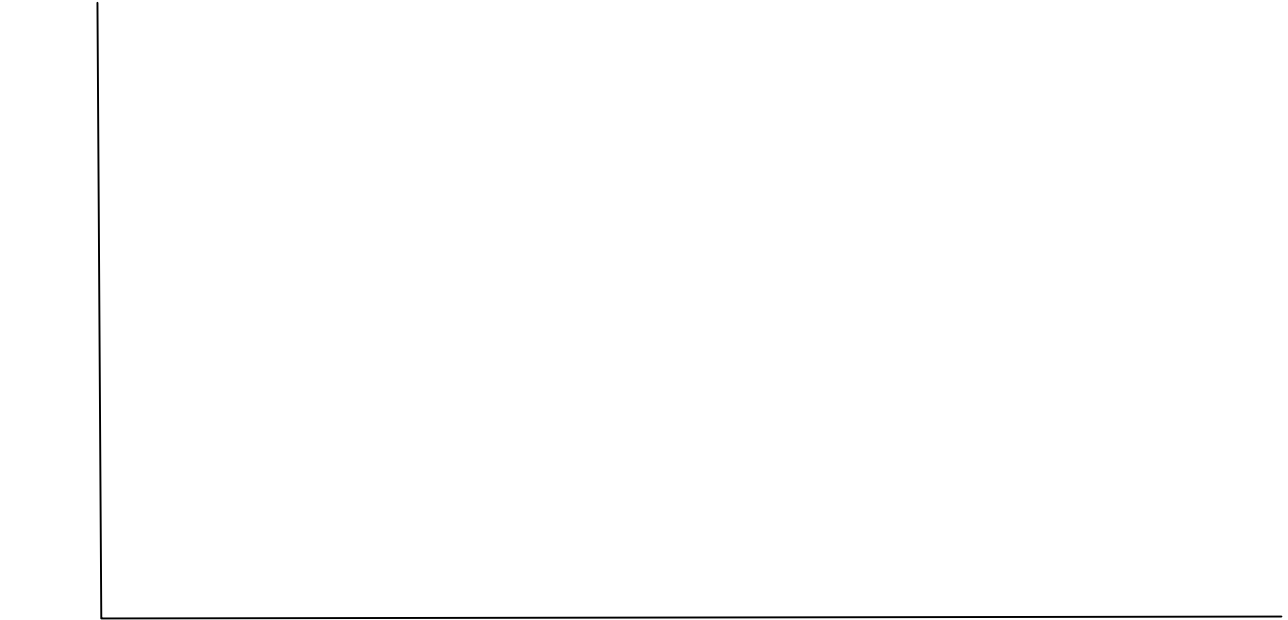
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Rank / order the top three concerns that you have in your relationship with your partner (1 being the most problematic):

- 1. _____
- 2. _____
- 3. _____

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

Relationship over time

When you met/began dating

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.