

# (Beloveds/Amadx) Relationship Counseling Intake Form

*Prior to your first appointment, please reflect on your relationship and answer the questions below. You may be asked to talk about your answers in session, but your partner/s will not be shown this form.*

*Thank you,  
Nathalie Rodríguez, LICSW*

**Name of partner/partners:**

**Relationship status (check all that apply):**

- Married
- Separated
- Divorced
- Dating
- Cohabiting/living together
- Living apart
- Open/consensual non monogamy
- Other

**Length of time in current relationship/s:**

**Tell me about the strengths in your relationship.**

**Tell me about the difficulties in your relationship.**

Please rate your current level of relationship happiness by selecting the number that corresponds with your current feelings about the relationship:

1 = Extremely unhappy

2

3

4

5

6

7

8

9

10 = Extremely happy

Please reflect on something you could *personally* work on to improve the relationship:

If you have received prior relationship counseling, who counseled you? If you have received prior relationship counseling, for how long?

If you have received prior relationship counseling, what were the problems that were addressed?

If you have received prior relationship counseling, what was the outcome?

Much worse

Somewhat worse

Stayed the same  
Somewhat successful  
Very successful  
N/A

Have either you or your partner/s been in individual counseling before?

Yes  
No

Do either you or your partner/s use substances to the point of altering your mood, state of mind, or capacity to make decisions?

Yes  
No

If married, has either of you threatened to separate or divorce as a result of the current relationship problems? If not married, has either of you threatened to leave the relationship?

Yes  
No  
N/A

Have either you or your partner/s struck, physically restrained, used violence against, or injured the other person?

Yes  
No

Do you perceive that either you or your partner/s has withdrawn from the relationship?

Yes  
No

How frequently have you had sexual/physical/embodyed intimacy during the last month?

How satisfied are you with the frequency of your sexual/physical/embodyed intimacy?

1 = Extremely unsatisfied

2

3

4

5

6

7

8

9

10 = Extremely satisfied

How enjoyable is your sexual/physical/embodyed relationship?

1 = Extremely unpleasant

2

3

4

5

6

7

8

9

10 = Extremely pleasant

What is your current level of stress (overall)?

1= No stress

2

3

4

5

6

7

8

9

10 = High stress

What is your current level of stress (in the relationship)?

1 = no stress

2

3

4

5

6

7

8

9

10 = high stress

List your top three concerns that you have in your relationship with your partner/s (1 being the most challenging):

List three wishes that you have for the future of your relationship: