

**Graceview Counseling Center, PLLC**

25510 Tomball Parkway

Tomball, TX 77375

713-306-7061

[www.graceviewcc.com](http://www.graceviewcc.com)

graceviewcounselingcenter@gmail.com

**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?**

---



---



---

**Please rate your current level of relationship happiness by circling the number that corresponds with 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 the relationship regardless of what your partner does.**

---

---

---

**Have you received prior couples counseling related to any of the above problems?**  Yes  No

If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

By whom: \_\_\_\_\_ Length of treatment: \_\_\_\_\_

Problems treated: \_\_\_\_\_

---

**What was the outcome (check one)?**

Very successful  Somewhat successful  Stayed the same  Somewhat worse  Much worse

**Have either you or your partner been in individual counseling before?**  Yes  No

If so, give a brief summary of concerns that you addressed.

---

---

---

**Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? Yes or No**

If yes for either, who, how often and what drugs or alcohol?

---

---

---

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

Yes No -, If yes for either, 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 of us

**If married, have either you or your partner consulted with a lawyer about divorce?**

Yes No! If yes, who? \_Me Partner Both of us

**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 of us

**How frequently have you had sexual relations during the last month? \_\_\_\_\_times**

**How enjoyable is your sexual relationship? (Circle one)**

1 2 3 4 5 6 7 8 9 10  
(extremely unpleasant) (extremely pleasant)

**How satisfied are you with the frequency of your sexual relations? (Circle one)**

1 2 3 4 5 6 7 8 9 10  
(extremely unsatisfied) (extremely satisfied)

**What is your current level of stress (overall)? (Circle one)**

1 2 3 4 5 6 7 8 9 10  
(no stress) (high stress)

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

1 2 3 4 5 6 7 8 9 10  
(no stress) (high stress)

**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.