Anchorpoint Counseling, LLC
Verena Burger Schmid, LPC, CACII; 831 Royal Gorge Blvd #228, Cañon City, CO 81212
P: 719-248-8093; F: 888-242-6614

INVENTORY FOR COUPLES

NAME: _____ **Age** _____ **DOB** _____

Referred by: _____

Previous counseling? ___ Yes ___ No; When? _____ How long? _____

Counselor? _____ Outcome? _____

_____

PERSONAL INFORMATION

How many significant relationships have you had? _____

# of Marriage(s): _____ **# of Divorce(s):** _____

YOUR PARENTS: Are they still living? ____ Their marital status _____ # Years ____

How do/did they get along? _____

# of relationships they had _____

Your place of EMPLOYMENT: _____

Length of time: _____ Do you like your job? _____

Your STRENGTHS: _____

Your WEAKNESSES: _____

Do you have CHILDREN? ___ No ___ Yes; *please list them below*

First Name of child Age How do you get along?

_____

_____

_____

Has their behavior changed recently? ___ No ___ Yes; *Please Explain:* _____

_____

Your current HEALTH STATUS: ___ Excellent ___ Average ___ Fair ___ Poor

Please describe any major health problems: _____

_____

Any Allergies? _____

Your CURRENT MEDICATIONS:

Name Dosage Reason Prescribed by

_____

_____

_____

_____

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Do you drink ALCOHOL or use OTHER DRUGS? ___ No ___ Yes

Substance Age 1st use Frequency Amount Age regular use started Date last used

_____

_____

_____

Have you noticed a recent <u>increase</u> in your use of alcohol/other drugs? ___ No ___ Yes

Do you have family members who have or had an addiction to alcohol and/or other drugs?

___ No ___ Yes; *Explain:* _____

Are you currently having thoughts of SUICIDE or HOMICIDE? ___ No ___ Yes; *Please explain:*

_____

Have you ever made suicide attempts in the past? ___ No ___ Yes; how long ago? _____

How many? _____ What means? _____

<u>CURRENT PARTNER RELATIONSHIP</u>

How did you meet? _____

What initially attracted you to your partner? _____

_____

How long did you date? _____ **Did/do you live together?** _____

Marital Status: ___ Engaged ___ Married ___ Domestic Partnership ___ Separated ___ Pending Divorce ___ Divorced; How long? _____

What do you like <u>most</u> about your partner? _____

_____

_____

What do you like <u>least</u> about your partner? _____

_____

_____

Is there any current or past Domestic Violence in your relationship? *If yes, please explain,* _____

_____

If you had the power, what three things would you change <u>about your partner</u>?

1. _____
2. _____
3. _____

Three things you want to change about <u>yourself</u>?

1. _____
2. _____
3. _____

Whose idea was it to come to counseling? ___ Mine ___ My Partner's ___ Family ___ Friend

___ Other: _____

Why are you seeking counseling NOW? _____

_____

What have you learned about your partner that dramatically affected your relationship?

_____

When did you realize this? _____

On a scale from 10 to 1 (10=most important), please rate <u>how important</u> working on your relationship is to you: *Circle* 10 9 8 7 6 5 4 3 2 1

On a scale from 10 to 1 (10=most important), please rate <u>how committed</u> you are to your relationship: *Circle* 10 9 8 7 6 5 4 3 2 1

What do you hope the outcome of couples counseling will be? _____

_____

On a scale from 10 to 1 (10=most confident), <u>how confident</u> are you that what you hope for is achievable? *Circle* 10 9 8 7 6 5 4 3 2 1

Why? _____

What are your dreams for the future? _____

_____

_____

Is there anything I didn't ask that you would like to add about your relationship? _____

_____

YOUR goals for couples counseling:

1. _____
2. _____
3. _____

_____

Signature **Date**

Relationship to Client: _____