

Brazos Valley Mental Health and Wellness, LLC
Couples Intake

Name: _____ Partner's Name: _____

Marital Status: (Please circle one)

- | | | |
|-----------------|------------------------|-----------|
| - Never married | - Domestic partnership | - Married |
| - Separated | - Divorced | - Widowed |

How long have you been in your current relationship? _____

Were your parents married? If yes, for how long? _____

How would you rate your current relationship satisfaction?

Poor Unsatisfactory Satisfactory Good Very good

Please circle any of the following symptoms or concerns that apply to your situation:

- | | | | |
|-------------------------------|--------------------------|-----------------------------|--------------------|
| Sexual Dysfunction | Lack of Sex | Trust Issues | Repetitive Arguing |
| Lack of Affection | Lack of Sleep | Jealousy | Financial Stress |
| Lack of Laughter | Unappreciated | Lack of Alone Time | |
| Issues with Partner's Parents | Ethical Differences | Lack of Help with Housework | |
| Parenting Differences | Spirituality Differences | Faithfulness/Infidelity | |

Please list the names and age of your children (if applicable):

From current relationship: _____

From previous relationship: _____