

Couples Intake Information

Partner 1 Name:

Date of Birth:

Partner 2 Name:

Date of Birth:

Relationship Status:

Who is living in the home:

Have you had previous couples therapy:

Relationship Issues:

Check ALL that apply

- Affection
- Agreeing on chores
- Closeness
- Common Interests
- Common Goals
- Communication
- Finances
- Friendships
- Guilt/Shame
- Having fun together
- Holding other back
- Housing
- Infidelity
- In-laws
- Jealousy
- Parenting
- Physical fighting
- Recreation
- Relatives
- Sexual Issues
- Showing appreciation
- Solving problems together
- Other:



building blocks
Family Counseling

205 S. Skinner Ave. Unit B
a, GA 31322
912-349-8043
www.buildingblocks.solutions

What is your biggest strength as a couple?

Has divorce/separation been considered by either party?

How long have you and your partner been together?