

## Couples Assessment

(To be filled out individually by each partner)
Partner Name:
Presenting Problems:
What are the reasons for presenting to couples therapy at this time?
What are your expectations and goals for therapy?
How long have you and your partner been together?
What are your living arrangements?



What are the things you like most about your relationship with your partner?
What are the things you wish to change/work on in your relationship?
Please describe what communication typically looks like with your partner:
Percentage committed to staying in your relationship:
Relationship and Family History:

Please describe the home in which you were raised.



Please describe your relationship with your mother as a child and currently:
Please describe your relationship with your father as a child and currently:
Please list children's names, ages and biological parentage, if applicable:
Please describe your relationship with your children, if applicable"



## Social History:

Please describe some activities you engage in with your partner, and/or activities you engage in separately.

How comfortable are you doing activities away from your partner? How comfortable are you with your partner spending time away from you?

Do you confide with a specific person outside of your relationship? If so, who? Describe your relationship with that person.

## **Handling Conflicts:**

What do you mostly argue about? How often?



Have there been any incidents of physical violence or threat of violence? If so, please explain.

Do you or your partner have difficulties with alcohol or other substances? If so, please explain.

Has there been any infidelity over the course of your relationship? If so, please explain.



## Intimacy:

Are you sexually active with your partner? Y	N
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On a scale of 1-10 with 1 being completely unsatisfied and 10 being completely satisfied, how satisfied are you with your intimacy with your partner?

Any additional relevant information you would like to add: