Christine Beasley MA, LMFT #87386 805-694-8050

COUPLE'S INTAKE QUESTIONNAIRE

PARTNER #1 _____ Sex: M/F

Date of Birth: _____ Race/Ethnicity: _____ Religion: _____

Phone: _____

Address: _____

Education/Highest Grade Completed: _____

Occupation/Employer: _____

Mental health issues: _____

Medical issues: _____

Legal issues: _____

Strengths/supports: _____

PARTNER #2 _____ Sex: M/F

Date of Birth: _____ Race/Ethnicity: _____ Religion: _____

Phone: _____

Address: _____

Education/Highest Grade Completed: _____

Occupation/Employer: _____

Mental health issues: _____

Medical issues: _____

Legal issues: _____

Strengths/supports: _____

Marital Status

- ❑ Married
- ❑ Never married; Co-parenting
- ❑ Divorced
- ❑ Separated
- ❑ Committed relationship

Family Data – List all family members:

Name	Age	Relationship	Occupation/grade

Presenting problem/reason for seeking treatment: _____

_____

_____

_____

_____

Couples' Symptom Checklist

- ❑ Difficulty communicating
- ❑ Unresolved issues from the past
- ❑ Extra-relationship contacts
- ❑ Conflict in parenting styles
- ❑ Parent-child conflict
- ❑ Medical issues
- ❑ Anger management problems
- ❑ Daily routine conflicts
- ❑ Intimacy issues
- ❑ Role conflicts
- ❑ Blended family adjustment
- ❑ Unresolved mental health issues
- ❑ Financial issues
- ❑ Adjusting to change
- ❑ Unresolved grief/loss

_____ _____

Partner #1 Signature Date

_____ _____

Partner #2 Signature Date