

# LIFE'S JOURNEY COUNSELING, LLC

## Couple's Counseling History Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Name of Partner: \_\_\_\_\_

**Relationship Status:** (check all that apply)

Married  Separated  Divorced  Dating  Cohabiting  Living together  Living apart

**Length of time in current relationship:** \_\_\_\_\_

**1.) What are some of the primary reasons that have brought you here as a couple for therapy?**

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**2.) What are the strengths in your relationship? What are your partner's strengths?**

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**3.) What have you already done to deal with the difficulties? What has worked or not worked in the past?**

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**4.) What do you identify as barriers for improvement in your relationship?**

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**5.) Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship.**

1      2      3      4      5      6      7      8      9      10  
(extremely unhappy)      (extremely happy)

6.) Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does.

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7.) Have you received prior couples counseling related to any of the above problems?  Yes  No

If yes, When: \_\_\_\_\_ Where: \_\_\_\_\_

Therapist: \_\_\_\_\_ Length of treatment: \_\_\_\_\_

Problems treated:

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**What was the outcome** (check one)?

Very successful  Somewhat successful  Stayed the same  Somewhat worse  Much worse

8.) Have either you or your partner been in *individual* counseling before?  Yes  No If so, give a brief summary of concerns that you addressed.

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9.) Do either you or your partner drink alcohol to intoxication or take drugs to intoxication?

Yes  No

If yes for either, who, how often and what drugs or alcohol?

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10.) Have either you or your partner struck, physically restrained, used violence against or injured the other person?

If yes for either, who, how often and what happened.

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11.) Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

If yes, who? \_\_\_ Me \_\_\_ Partner \_\_\_ Both of us

**If married, have either you or your partner consulted with a lawyer about divorce?**

I f yes, who? \_\_\_ Me \_\_\_ Partner \_\_\_ Both of us

**12.) Do you perceive that either you or your partner has withdrawn from the relationship?**

If yes, which of you has withdrawn? \_\_\_Me \_\_\_Partner \_\_\_Both of us

**13.) How frequently have you had sexual relations during the last month? \_\_\_\_\_ times**

**How enjoyable is your sexual relationship? (Circle one)**

1    2    3    4    5    6    7    8    9    10

(extremely unpleasant)

(extremely pleasant)

**How satisfied are you with the frequency of your sexual relations? (Circle one)**

1    2    3    4    5    6    7    8    9    10

(extremely unsatisfied)

(extremely satisfied)

**14.) What is your current level of stress (overall)? (Circle one)**

1    2    3    4    5    6    7    8    9    10

(no stress)

(high stress)

**15.) What is your current level of stress (in the relationship)? (Circle one)**

1    2    3    4    5    6    7    8    9    10

(no stress)

(high stress)

**Rank the order of the top three concerns you have in regards to your relationship with your partner (1 being the most problematic):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Lastly, please draw a graph of your Relationship Over Time, indicating your level of relationship satisfaction beginning with when you met your partner. Note *pivotal/significant events* in your relationship (e.g., moving in/out, children, marriage, career changes, sickness, separation, infidelity, traumatic events etc.).**

**Complete satisfaction**



**No satisfaction**

Thank you for completing this. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in sessions but your partner will not be shown this form.