

**WHOLE HEALTH PLUS  
COUPLES  
INTAKE FORM**

**Internal Use Only**

Today's Date & Time: \_\_\_\_\_  
DSM IV, Axis I Code: \_\_\_\_\_  
Circle Type: I, C, F, G or Assessment Only

1. Favorite aspects of your relationship and about your partner? \_\_\_\_\_  
\_\_\_\_\_
2. What is something you long for more in your relationship? \_\_\_\_\_
3. What are your biggest relationship struggles? \_\_Financial, \_\_Sex, \_\_Communication, \_\_Defensiveness, \_\_Attacking, \_\_Arguing, \_\_Resentment, \_\_Tuning out, \_\_Inequality, \_\_Responsibilities, \_\_Control/Power struggles, \_\_Addictions, \_\_Selfishness \_\_Other.
4. Rank in order the top 3 concerns that you have in your relationship.  
A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_
5. What has helped you overcome your marital challenges or what do you do strengthen your relationship? \_\_\_\_\_
6. How often to you show appreciation, express compliments, gratitude and put quality time and effort into your relationship? \_\_Seldom, \_\_Occasionally, \_\_Not enough, \_\_Frequently, \_\_Daily
7. Do you have regular date nights and check in meetings or councils to discuss desires, goals, dreams, concerns, accolades, plans and sharing of innermost feelings? Y/N?
8. What are your hobbies, outlets and strengths individually? \_\_\_\_\_  
and as a couple? \_\_\_\_\_
9. What do you hope to accomplish thru counseling? \_\_\_\_\_
10. How have you contributed to the problems in your relationship i.e. what tendencies, habits or patterns have you exhibited that help create or add to the marital conflict? \_\_\_\_\_  
\_\_\_\_\_
11. Please make at least one suggestion as to something you can do personally to improve the relationship? \_\_\_\_\_
12. What are interaction styles you use in your relationship? \_\_criticize & defend or attack, \_\_tune out, withdraw or isolate, \_\_passive-aggressive, \_\_contempt & judgmental, \_\_compare/jealousy, \_\_fight & argue/no breaks, \_\_avoid & give up, \_\_heated & smothering, \_\_appease/placate & hold in thru feelings. \_\_sarcasm or joke, \_\_cater while ignoring own needs

13. On a scale 1-10, how open are you in expressing your innermost feelings, desires and thoughts with your partner? (1-shut down, 10 extremely open) \_\_\_\_

14. What needs, feelings or topics are the hardest to express and be understood by your partner?  
\_\_\_\_\_

15. On a scale of 1-10, indicate your level of commitment to relationship (1-not at all, 10-extremely) \_\_\_\_

16. Do you perceive that either you or your partner has withdrawn from the relationship? Y/N  
If yes, indicate who: \_\_\_\_ Me, \_\_\_\_ Partner, \_\_\_\_ Both of us

17. Has either of you threatened to separate, divorce or consulted with a lawyer because of the current relationship problems? Y/N If yes, who and when? \_\_\_\_\_

18. On a scale 1-10 how happy and satisfied are you in your relationship overall? (1-extremely dissatisfied, 10- extremely satisfied) \_\_\_\_

19. On a scale 1-10 how enjoyable is your sexual relationship? \_\_\_\_ How satisfied are you with the frequency of your sex? \_\_\_\_ What distracts or de-motivates you from fully engaging in physical intimacy? \_\_\_\_\_

How do you help your partner stay present and connected during sex? \_\_\_\_\_

What don't you like about your sexual relationship? \_\_\_\_\_

How has it changed since you were first married? \_\_\_\_\_

What sexual abuse or triggers, if any, has created conflicts in your physical intimacy and trust levels? \_\_\_\_\_

20. When do you feel most content or happy in your relationship? \_\_\_\_\_

21. When are you frustrated or most unhappy? \_\_\_\_\_

22. What makes you want to withdraw, shut down or give up? \_\_\_\_\_

23. How do you handle criticism? \_\_shut down, \_\_defend self, \_\_attack back, \_\_empathize & own up.

24. How do you keep from getting reactive or defensive? \_\_\_\_\_

25. How do you deal with each other's weakness and imperfection? \_\_ criticize, \_\_ overlook, \_\_ pray for charity, \_\_ ignore and hope it goes away, \_\_find gentle ways to point out what bothers you, \_\_ use family council or check-in's to communicate complaints? \_\_ other

26. How often do you forgive and let go vs. hold grudges/harbor resentment (1-never, 10-always) \_\_\_\_

27. What is your love language? \_\_ Quality Time, \_\_Touch, \_\_Gifts, \_\_Affirmation, \_\_Service

28. List religious or spiritual regular practices performed together as a couple?  
\_\_\_\_\_

29. Current stress level in your life? 1-low 10-high. \_\_\_\_ Current stress level in your relationship 1-10? \_\_\_\_

30. How do you cope with stress or problems? \_\_\_\_\_

31. Have either you or your partner struck, threatened violence, physically restrained, used violence against injured or scared the other person? Y/N If yes, indicate who, how often and what happened? \_\_\_\_\_

32. Have you or your children ever been abused sexually, physically, spiritually, or mentally before? Y/N? If yes when \_\_\_\_\_, how often \_\_\_\_\_ and by whom? \_\_\_\_\_  
Were any police or DSS authorities notified and any legal action taken? Y/N? If yes when? \_\_\_\_\_

33. Do you use pornography, drink alcohol or take drugs to intoxication or self-harm? Y/N  
If yes Indicate age first struggled \_\_\_\_\_? Date last tempted \_\_\_\_\_? How often fixated or indulged in the past month or year? \_\_\_\_ Do you feel empty, shame and wish you could stop? Y/N? Have you sought help in the past Y/N? Attempts made to stop? \_\_ 1-10? \_\_ 10+

34. Does your internet use, social media or gaming use interfere with your responsibilities, relationships and face to face connections? Y/N? Have you tried to decrease or stop? Y/N

35. Do you, your partner, your parents or kids suffer from symptoms of depression, anxiety, addiction, PTSD, ADHD, impulse control, or temper/violent tendencies? Y/N If yes please indicate who and what?  
\_\_\_\_\_

36. Prior or strained significant relationship (i.e. x's, in-law's, family, friends) Y/N?  
If yes, please indicate who and what was the cause of the break up or strain between your family, friends or x's? \_\_\_\_\_

37. List some of the most significant family patterns, childhood and adult experiences that are contributing to your current relationship issues, mental health status and functioning?  
\_\_\_\_\_

38. List any other addiction, unhealthy habits/patterns, relationship struggles, or stressors not listed already that would be helpful information. \_\_\_\_\_  
\_\_\_\_\_

39. Indicate any needs or boundaries that you are missing in your life? \_\_ saying no, \_\_ rest and time for nurturing for self or \_\_ close relationships, \_\_ financial/budgeting, \_\_ freedom, \_\_ power/control, \_\_ spiritual, \_\_ work, \_\_ intimacy, \_\_ fun, \_\_ parenting, \_\_ meaning/ purpose, \_\_ support \_\_ accomplishment, \_\_ educational, \_\_ affection, \_\_ respect, \_\_ a vacation/break, \_\_ other \_\_\_\_\_.

#### 40. **AUTO BIOGRAPHY – What's your story?**

Please write a brief biography on the back including trauma/abuse, family, changes, significant events, relationships, marriages, childhood, religious/cultural upbringing, etc. Include ages of each event (i.e. Age 2 – neglected by mother, 5 – moved, 6 – parents divorced) Include losses (i.e. Deaths, Job Change, Rape, Divorce, Illness/Accidents, etc.)  
\_\_\_\_\_

**PLEASE CIRCLE OR CHECK ANY ISSUE THAT PERTAINS TO YOU**

Anxiety	Anger	Addictive Behaviors	Alcohol Use Tobacco Use	Attachment Intimacy
Attention /ADHD	Current trauma/ Abuse	Concentration Focus Forgetfulness	Communication problems	Career/work
Depression	Drug Use	Eating/food/Weight concerns	Energy levels/ Fatigue	Family Problems
Finances	Health	Loss and Grief	Legal Matters	Loneliness
Marital or relationship issues	Mania High Energy	OCD Paranoia Perfectionism	Personal Growth Goals Parenting	Pornography or Internet Addiction
Panic attacks	Pain	Past Traumas or Abuse History	Racing Thoughts	Sleep Disturbances
Self esteem	Stress	Suicidal thoughts	Sexuality issues	Self-harm
Spiritual struggles	Shame	School or Bullying	Somatic and Medical Issues	Worried Fearful

In the last 2 weeks, mark from 0-10 how intense you experienced any of these symptoms: (i.e. 0=none, 1=little, 5= moderate, 8 = extreme, 10 = disabling)

<input type="checkbox"/> sad, depressed, tearful	<input type="checkbox"/> angry, hostile, upset	<input type="checkbox"/> anxious, worried, nervous
<input type="checkbox"/> resentful, bitter	<input type="checkbox"/> irritable, moody, edgy	<input type="checkbox"/> disinterested, unmotivated
<input type="checkbox"/> overwhelmed, stressed	<input type="checkbox"/> numb, empty, withdrawn	<input type="checkbox"/> hurt, pain, disappointed
<input type="checkbox"/> fearful, apprehensive, unsure	<input type="checkbox"/> worthless, hopeless	<input type="checkbox"/> tired, fatigued, low energy
<input type="checkbox"/> shame, guilt, self-blame	<input type="checkbox"/> changes in appetite	<input type="checkbox"/> agitated, easily annoyed
<input type="checkbox"/> powerless, frustrated	<input type="checkbox"/> grief, loss, pain	<input type="checkbox"/> detached or isolated from others and the world
<input type="checkbox"/> distracted, unfocused	<input type="checkbox"/> impulsive, hasty, fidgety	<input type="checkbox"/> fidgety, <input type="checkbox"/> forgetful
<input type="checkbox"/> insomnia, <input type="checkbox"/> hypersomnia	<input type="checkbox"/> manic, lots of do lists	<input type="checkbox"/> flashbacks, startle easy
<input type="checkbox"/> obsessions, intrusive, unwanted thoughts, paranoid	<input type="checkbox"/> compulsions, driven (i.e. to clean, check, eat, scratch, touch, ingest, view)	<input type="checkbox"/> panic attacks (dizzy/shaky, chest pounding/pain, out of breath, sweating, nausea)
<input type="checkbox"/> suicidal or death wish	<input type="checkbox"/> chronic pain, ailments	<input type="checkbox"/> Headaches <input type="checkbox"/> Stomachaches