

**Jody Myers MA LMHC**  
*Finding the Balance*  
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Intake Questions for Couples

Name\_\_\_\_\_ Date of Birth \_\_\_\_\_

Address\_\_\_\_\_

Way you spend your day(s)\_\_\_\_\_

Telephone\_\_\_\_\_email\_\_\_\_\_

Emergency contact \_\_\_\_\_

Do you have any medical concerns or conditions?

Please list the pharmaceutical and/or herbal medications you take currently.

What is your current living situation at this time? (pets, children, roommates, spouses, housing)

What prompted you to come for therapy at this time?

Who initiated seeking therapy?

Tell a little bit of the pros and cons if you have had previous experience in counseling or therapy.

Describe the nature of the problem(s).

How have you two attempted to handle this problem to date?

If therapy is successful, what will you be able to do that you are unable to do now?

Is either partner struggling with alcohol or substance abuse?

What do you want most in the way of attitude and/or behavior from your partner that s/he does not provide for you now?

What attitude or behavior do you receive from your partner that you value most?

How much time do the two of you spend together?

What interests do you share/ enjoy together or independently?

Does sex serve a function in the marital/ partnered system?

Do you or your partner have sexual interests in others (past or present)?

Is there any other information that would be of value to me in helping you?

This and all information you share with me will be held in strict confidence. With a few exceptions (I will tell you at our first appointment), your right as a client is maximum confidentiality, except where you have expressly given me written and signed consent to talk to others whose information is deemed pertinent.