

Ruth Skutezky Counselling Services

counsellorruth@gmail.com 778.886.9946 www.counsellorruth.com
Suite 200, 101 West 16th St., North Vancouver, BC

Client Information & Couples Intake Form

(Each partner to fill out separately)

This form is designed so that I can get a sense of who you are and the work that we may be doing together. By providing this information ahead of time we are getting a head start on therapy, and can spend as little time as possible in session doing paperwork. When filling out the questions below, try to be as honest as possible and know that this will be kept confidential as per your confidentiality agreement. Note that this could be shared directly or indirectly with your partner as my policy is to have “no secrets”.

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____

Occupation: _____ Date of birth: _____

Who can I contact in case of emergency? (Besides your spouse)

First Name: _____ Last Name: _____

Primary Phone: _____ Relationship: _____

INDIVIDUAL HEALTH & PSYCHIATRIC HISTORY:

Family Doctor: _____ Phone: _____

Current medications? _____

Previous hospitalization? _____

Previous counselling (together or separately)? _____

Number of years together: _____

Any children? If yes, please provide ages. _____

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AREAS OF CONFLICT

Which of the following (or lack thereof) would you describe as the main issues that are negatively affecting your relationship? Please check all that apply and add more of your own if necessary.

| Events / situational | Relational / Personal | Emotional / psychological | Biological |
|---|--|--|---|
| <input type="checkbox"/> Past traumatic events | <input type="checkbox"/> Cultural differences | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Addictions / substance use |
| <input type="checkbox"/> Issues at work | <input type="checkbox"/> Values | <input type="checkbox"/> Depression | <input type="checkbox"/> My health |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Goals | <input type="checkbox"/> Psychosis | <input type="checkbox"/> My partner's health |
| <input type="checkbox"/> Other career concerns | <input type="checkbox"/> Priorities | <input type="checkbox"/> Stress | <input type="checkbox"/> Children's health |
| <input type="checkbox"/> Financial concerns | <input type="checkbox"/> Amount of communication | <input type="checkbox"/> Other psychological concern | <input type="checkbox"/> Reproductive issues |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Communication styles | <input type="checkbox"/> Trust | Other (fill in others that apply) |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Arguing | <input type="checkbox"/> Anger | <input type="checkbox"/> |
| <input type="checkbox"/> Division of labour | <input type="checkbox"/> Frequency of conflict | <input type="checkbox"/> Honesty | <input type="checkbox"/> |
| <input type="checkbox"/> Family of origin | <input type="checkbox"/> Self-awareness | <input type="checkbox"/> Abandonment | <input type="checkbox"/> |
| <input type="checkbox"/> Grief / loss | <input type="checkbox"/> Commitment | <input type="checkbox"/> Dependency | <input type="checkbox"/> |
| <input type="checkbox"/> Relocating | <input type="checkbox"/> Sense of team | <input type="checkbox"/> Fear | <input type="checkbox"/> |
| <input type="checkbox"/> Distance (physical) | <input type="checkbox"/> Respect | <input type="checkbox"/> Rejection | <input type="checkbox"/> |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Contempt | <input type="checkbox"/> Disappointment | <input type="checkbox"/> |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Criticism | <input type="checkbox"/> Frustration | <input type="checkbox"/> |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Power / control | <input type="checkbox"/> Not feeling supported | <input type="checkbox"/> |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Interests | <input type="checkbox"/> Sex | <input type="checkbox"/> |
| <input type="checkbox"/> Family | <input type="checkbox"/> Support | <input type="checkbox"/> Intimacy | <input type="checkbox"/> |
| <input type="checkbox"/> In laws | <input type="checkbox"/> Compromise | <input type="checkbox"/> Quality of time together | <input type="checkbox"/> |
| <input type="checkbox"/> Friends / social isolation | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Quantity of time together | <input type="checkbox"/> |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Appreciation | <input type="checkbox"/> Lack of meaning / purpose in life | <input type="checkbox"/> |
| <input type="checkbox"/> Work / life balance | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Distance (emotional) | <input type="checkbox"/> |

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CURRENT RELATIONSHIP SATISFACTION

Please rank your current relationship satisfaction using the chart below by checking the appropriate box.

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |
|---|-------------------|--------------|---------|-----------|----------------|
| 1. Understanding & acceptance | | | | | |
| 2. Expression of affection & caring | | | | | |
| 3. Overall sense of love & security | | | | | |
| 4. Degree of respect & admiration <u>for your partner</u> | | | | | |
| 5. Degree of respect & admiration received <u>from your partner</u> | | | | | |
| 6. Common values / goals with partner | | | | | |
| 7. Sex / intimacy | | | | | |
| 8. Willingness to work at relationship | | | | | |
| 9. Communication & honesty | | | | | |
| 10. Independence & separateness | | | | | |
| 11. <u>Quantity</u> of time together | | | | | |
| 12. <u>Quality</u> of time together | | | | | |
| 13. Family / Friend support | | | | | |
| 14. Flexibility of relationship over time | | | | | |
| 15. Handling of family finances | | | | | |
| 16. Balanced contribution between partners (finances, time, effort, childcare etc.) | | | | | |
| 17. Overall handling of conflict | | | | | |
| 18. Overall satisfaction with relationship | | | | | |

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THERAPEUTIC GOALS:

What is your primary concern and reason for seeking help? _____

Why now? I.e. Was there a prompting event? _____

What is your understanding of why this is happening? _____

What do you feel are your **3** biggest strengths as a couple?

1. _____

2. _____

3. _____

What is **1** thing that you could do to improve the relationship, regardless of what your partner does?
