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**COUPLES INTAKE FORM**

Partner 1: \_\_\_\_\_ Partner 2: \_\_\_\_\_ Date \_\_\_\_\_

Do you live together (y/n): \_\_\_\_\_

Address(s): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Who is the best person for me to contact? \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Names/ages of children: \_\_\_\_\_

Reason for seeking counseling at this time: \_\_\_\_\_

Partner 1's current employment: \_\_\_\_\_

Partner 2's current employment: \_\_\_\_\_

Please circle a number pertaining to each person's satisfaction in the relationship:

Partner 1

|         |         |          |         |       |       |           |         |
|---------|---------|----------|---------|-------|-------|-----------|---------|
| 1       | 2       | 3        | 4       | 5     | 6     | 7         | 8       |
| Very    | Mildly  | A little | Neutral | Happy | Very  | Extremely | Perfect |
| Unhappy | Unhappy | Unhappy  |         |       | Happy | Happy     |         |

Partner 2

|         |         |          |         |       |       |           |         |
|---------|---------|----------|---------|-------|-------|-----------|---------|
| 1       | 2       | 3        | 4       | 5     | 6     | 7         | 8       |
| Very    | Mildly  | A little | Neutral | Happy | Very  | Extremely | Perfect |
| Unhappy | Unhappy | Unhappy  |         |       | Happy | Happy     |         |

Partner 1's complaints about the relationship: \_\_\_\_\_

Partner 2's complaints about the relationship: \_\_\_\_\_

Partner 1's view of strengths in the relationship: \_\_\_\_\_

Partner 2's view of strengths in the relationship: \_\_\_\_\_

Partner 1's commitment to the relationship: \_\_\_\_\_

Partner 2's commitment to the relationship: \_\_\_\_\_

Have either of you been to counseling before: \_\_\_\_\_

What worked/did not work: \_\_\_\_\_

Have either of you struck, restrained, or used physical violence with the other? If so when, and how often: \_\_\_\_\_

Have either of you used emotional or verbal violence with the other? If so when, and how often: \_\_\_\_\_

Have either of you threatened divorce, discontinuation of the relationship, or contacted a lawyer during this relationship? If so when: \_\_\_\_\_

Please describe your sexual intimacy: \_\_\_\_\_

Please describe your non-sexual intimacy: \_\_\_\_\_

Please list activities you participate in together: \_\_\_\_\_

Please describe the level or trust within the relationship: \_\_\_\_\_

Has there ever been an incident(s) of infidelity? If so please explain: \_\_\_\_\_

Partner 1, what are you willing to do to improve this relationship: \_\_\_\_\_

Partner 2, what are you willing to do to improve this relationship: \_\_\_\_\_

Partner 1, what are your deal-breakers for this relationship: \_\_\_\_\_

Partner 2, what are your deal-breakers for this relationship: \_\_\_\_\_

What else would you like me to know: \_\_\_\_\_

\_\_\_\_\_  
Partner 1 Signature

\_\_\_\_\_  
Partner 2 Signature

\_\_\_\_\_  
Therapist Signature