



Oak Creek Relational Counseling Center

Couples Intake Questionnaire

Please answer the following questions the best you can

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

What do you feel are the biggest problems in your marriage or partnership?

When do you feel the problems started?



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What are some things about your partner that can get on your nerves?

Do You Trust Your partner? If no, why?

Do you feel safe at home with your partner? If not, why?



Do you feel accepted by your partner? If not, then why?

Are you sexually satisfied? If not, what could make it better?

Why did you decide to come to couples counseling?

What do you think you can do to make the marriage/partnership better?



Where do you see your relationship in “X” Years?

1 YEAR

5 YEARS

10 YEARS

Do you feel loved and appreciated by your partner? Why or why not?

What do you love most about your partner?



What are your expectations of counseling?

What are the reasons you want to work things out?

Are there any past conflicts that need resolving?

Are you willing to change to make improvements?

Your Name: _____

Signature: _____



Date: _____