

# *LAKEWOOD COUNSELING and Career Center*

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## MARRIAGE INTAKE FORM

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

Welcome to Lakewood Counseling

Your first couples session will be a diagnostic clinical interview assessing multiple aspects of your relationship. This form will be used along with the clinical interview to develop a blueprint for your marital therapy. We ask that you each fill out your own form separately and with thoughtful consideration. Feel free to share your answers with each other prior to therapy if you wish, as all information reported will be open for discussion during the course of your therapy.

### **Peripheral Issues**

Check and/or describe any of the following factors you believe may be contributing to your current difficulties.

\_\_\_ Any form of infidelity

\_\_\_ Mental health issues

\_\_\_ Alcohol or drug abuse

\_\_\_ Other addictions/compulsive behavior

\_\_\_ Past or present emotional, physical, or sexual abuse

\_\_\_ Sexual difficulties

\_\_\_ Health concerns

\_\_\_ Grief and loss

\_\_\_ Job or financial stress

\_\_\_ Blended family issues

\_\_\_ Extended family issues

\_\_\_ Parenting issues

### **Perception of spouse/partner**

Check any of the following statements you feel describe your spouse/partner:

- Knows me well and is genuinely interested in my life
- Likes who I am as a person and enjoys sharing my company
- Is someone I can turn to for comfort and support when I am stressed or upset
- Generally communicates more positive regard for me than negative
- Remains emotionally connected to me even when we can't see eye to eye on something
- Shows sensitivity when communicating things that may be hard for me to hear
- Demonstrates care for my well being
- Is open and responsive to my input on most matters
- Usually attempts to apologize or reconnect with me after conflict
- Is supportive of my personal goals and interests
- Takes responsibility for his/her own feelings and behavior
- Shares a common vision with me about our future

Now review the list again and place an \* by the statements you believe your partner would say describe you.

### **Negative Communication and Gridlock**

Describe any long-standing negative patterns of communication between you and your partner:

Are there any long-standing, seemingly unsolvable issues that you face as a couple?

## Relational Strengths and Liabilities

Like all couples, you both bring certain histories and/or personal qualities that can be either helpful or hurtful to your relationship. Please list what you perceive to be the top three assets and liabilities that you bring to your marriage:

<b>My Relational Strengths</b>	<b>My Relational Liabilities</b>
1	1
2	2
3	3

<b>My Spouse's Relational Strengths</b>	<b>My Spouse's Relational Liabilities</b>
1	1
2	2
3	3

**Commitment Level**

Please check the statement that best reflects your level of commitment to this marriage:

\_\_\_\_ I am very committed to staying in this marriage

\_\_\_\_ I am here to evaluate if I can stay in this marriage

\_\_\_\_ I am strongly considering leaving this marriage

\_\_\_\_ Other

Comments:

**Hope**

Which of the following statements most closely reflect the degree of hope you have that your relationship can be improved?

\_\_\_\_ I believe we can improve our relationship and feel hopeful about our future

\_\_\_\_ I am very discouraged about our current patterns and am skeptical about therapy helping us make any kind of real or lasting difference

\_\_\_\_ I do not believe we can change or find relief from our troubles

\_\_\_\_ Other

Comments:

Is there anything else that you think would be helpful for me to know?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you!