



Relationship History and Intake Questionnaire

This history has sections for your personal information, and information about this relationship. Each relationship partner will complete their own, and it can be a space to explore your own thoughts about your history and relationship.

About this relationship

1. What brings you to relationship therapy at this time?
2. Have you seen a mental health professional for yourself before?
3. Have you seen a mental health professional for this relationship before?
4. Are you seeing a mental health professional for yourself now?
5. Have you seen a mental health professional for other relationship/couples therapy before?
6. What are some strengths you see in this relationship?
7. What are 3 challenges you see in this relationship?
8. What do you hope to accomplish through therapy?
9. How long have you been in this relationship (dating, partnered, married, collared, etc)?
10. What do you do when there is a conflict that comes up in your relationship? What does your partner do?
11. What are the areas or topics that are most difficult to discuss in your relationship?
12. What do you do when you are angry with your partner? What does your partner do when they are angry with you?
13. Sometimes, conflicts in relationships get very charged. Have you at any point in this relationship experienced hitting, pushing, throwing objects, or other types of violence?
14. Describe your current living situation. Do you live alone, with others, with your partner, etc...?

15. Do you have changes to your housing situation that you would like to see? New place, different location, moving in together, new people moving in, etc.?
16. Do you have any legal issues pending or impacting you or the relationship?
17. List any hobbies, sports, travel, community involvement, activism or advocacy, creative outlets, that you do personally.
18. List any hobbies, sports, travel, community involvement, activism or advocacy, creative outlets that you do together in your relationship.
19. How would you describe your satisfaction with shared tasks (chores, emotional labor, parenting, shared business endeavors, shared activism or volunteer tasks or roles etc.)?
20. Describe your cultural background (ethnicity, spirituality, regional, activist affiliations, etc).
21. Describe rituals, traditions, holidays you share in your relationship (spiritual holidays, secular cultural holidays, community events, shark week, etc.)
22. Describe any areas of growth or change you would like to see around culture, identity, and shared labor in your relationship.
23. Are there any other current relationships that are a significant focus in your life right now? Please describe.
24. How would you describe your relationship styles? Non-monogamous, anarchist, monogamous, polyamorous, open, D/s, etc.
25. How would you describe your relationship style with the person you are coming to therapy with?
26. What are your relationship statuses? Single, partnered, polycule, dating some people, Daddy/baby, D/s, married, divorced, separated, widowed, etc.
27. How satisfied are you with the frequency of sex in this relationship?
28. How enjoyable is your sexual relationship?
29. Are there aspects of sex in this relationship that you would like to change?

About you

30. What are some strengths you or your partner would say you have?

31. How would you describe your current social satisfaction (Are you happy with your group of friends and social outlets?):
32. What is your education background? Educational programs, outlets, or goals.
33. What is your current occupation? Jobs, career, goals, etc.
34. How would you describe your current job satisfaction?
35. Please check any of the following you have experienced in the past six months, personally

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|-----------------------|-----------------------|--------------------------|-----------------------|
| Increased appetite | Low motivation | Tearful or crying spells | Relationship stresses |
| Decreased appetite | Isolation from others | Anxiety | Intrusive thoughts |
| Trouble concentrating | Fatigue/low energy | Fear | Intimacy Challenges |
| Difficulty sleeping | Low self-esteem | Hopelessness | Suicidal thoughts |
| Excessive sleep | Depressed mood | Panic | Other |

36. How would you describe your relationship with your family?
37. How did you see conflict being resolved as a kid and as you grew up?
38. Do you drink alcohol?
39. Do you use recreational drugs?
40. Would you like to make any changes in how you use alcohol or drugs?
41. Do you have any health conditions or challenges?
42. Who referred you to me or how did you hear of my practice?
43. Is there anything else would you like me to know?