



PEACE COUNSELING &  
SUPPORT SERVICES  
..... MARINETTE .....

## Couple Therapy Policy

If you are here to work on a relationship problem, it's important for you to understand what I believe about relationships and marriage. First of all, I do not have preconceived notions about whether you should stay together or part ways. I believe it is important to explore such questions openly, honestly, and thoroughly. Once your goals are established, I will work diligently to support you in achieving them, whatever they may be. Second, you are entrusting me to exercise my professional judgment regarding individual confidences. By signing this form, you acknowledge that anything you communicate to me individually by phone, email, or any other means may be important to address in a couple of therapy sessions, and I reserve the right (but not the obligation) to do so.

### Partner 1

Name (Print): \_\_\_\_\_

Name (Sign): \_\_\_\_\_

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

### Partner 2

Name (Print): \_\_\_\_\_

Name (Sign): \_\_\_\_\_

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



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## Couple Therapy Intake Form

**Names:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How long have you and your partner been together, and how did you meet?

What are the primary issues or concerns that led you to seek therapy for your relationship?

How would you describe the current state of your relationship?

Are there any areas of conflict or tension?

How has this affected you?

How have you contributed to the current state of your relationship?

How do you think your partner has contributed to the current state of your relationship?

What are your individual expectations for therapy, and what do you hope to achieve through the process?

How would you describe your communication with your partner?

Are there any patterns or habits that you have noticed?

How have your past experiences (including family of origin, past relationships, etc.) influenced your current relationship dynamics?

How do you and your partner typically resolve conflicts or disagreements?

How would you describe your intimacy and sexual relationship with your partner?

Are there any external factors (such as work, family, financial stress, etc.) that are affecting your relationship?

Are you and your partner open to making changes and working towards improving your relationship?

For these changes to happen, what do you need to do differently?

For these changes to happen, what does your partner need to do differently?

What do you know about yourself that will make it difficult for you to make the necessary changes?

What do you believe about your partner that will make it difficult to make the necessary changes?

When will you know that it's time to stop our therapy sessions?

Additional Information: