



2133 NE Broadway, #303, Portland, OR 97232

503-568-1201

Short Relationship Therapy Intake Form

Name:

What is your current relationship status?

If you are in a relationship or relationships, please list them and the length of each.

What is the reason that brings you here today?

What is the frequency and level of concern?

What have you already tried to deal with these difficulties?

In your relationship, what are your biggest strengths? What do you do well together?

What is your current level of satisfaction with your relationship?

1 😞-----10 😊

Not satisfied at all

Extremely Satisfied



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What is one thing that you could do to improve your relationship with your partner/s (independent of their actions)?

Have you had prior relationship therapy? If so, please describe

Are you currently in or have you ever been in individual therapy? If so, please describe.

Please describe your current alcohol and substance use

Substance_____ Frequency_____

Substance_____ Frequency_____

In what way does your use impact your life?

Are you experiencing or concerned about physical or mental abuse in any of your current relationships?

Do you feel that you or your partner are withdrawing from the relationship? If so, which one? And when did you start to notice it?

On a scale of 1-10, how stressed are you currently about life?

1 😞-----10 😊

Not satisfied at all

Extremely Satisfied

On a scale of 1-10, how stressed are you currently about this relationship?



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1 😞 ----- 10 😊

Not satisfied at all

Extremely Satisfied

When is the last time that you had sex with your partner(s)?

How satisfied are you with sex that you are having?

1 😞 ----- 10 😊

Not satisfied at all

Extremely Satisfied

Do you have any ideas improvements?

When is the last time you had solo sex?

What are the top three concerns that you want to address in relationship therapy?

- 1.
- 2.
- 3.

Thank you for filling this out! Please bring it to your first appointment.