



**South Charlotte Counseling and Psychotherapy,  
PLLC**

Jumana S Scoggins, MA, NCC, LCMHC

---

**COUPLES INTAKE FORM**

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

Name of Partner A: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

Cell/Other Phone: ( ) \_\_\_\_\_ May we leave a message?  Yes  No

E-mail: \_\_\_\_\_ May we email you?  Yes  No

\*Please be aware that email might not be confidential.

Emergency Contact: \_\_\_\_\_ Phone : ( ) \_\_\_\_\_

Name of Partner B: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

Cell/Other Phone: ( ) \_\_\_\_\_ May we leave a message?  Yes  No

E-mail: \_\_\_\_\_ May we email you?  Yes  No

\*Please be aware that email might not be confidential.

Emergency Contact: \_\_\_\_\_ Phone : ( ) \_\_\_\_\_

Referred by: \_\_\_\_\_

**Relationship Status:**

- Married  Living together  
 Separated  Dating

**Length of time in current relationship:** \_\_\_\_\_

**What do you hope to accomplish through couples therapy?**

---

---

---

**What have you already tried to do to work on your difficulties as a couple?**

---

---

---

**What are your strengths as a couple?**

---

---

---

**Partner A, please check all your concerns in the relationship:**

- |                                            |                                           |                                         |
|--------------------------------------------|-------------------------------------------|-----------------------------------------|
| <input type="radio"/> Communication        | <input type="radio"/> Sexual Relationship | <input type="radio"/> Attraction        |
| <input type="radio"/> Parenting            | <input type="radio"/> Connection          | <input type="radio"/> Infidelity        |
| <input type="radio"/> Security             | <input type="radio"/> Deceit              | <input type="radio"/> Religious beliefs |
| <input type="radio"/> Finances             | <input type="radio"/> Companionship       | <input type="radio"/> Roles             |
| <input type="radio"/> Overall Satisfaction | <input type="radio"/> Other: _____        |                                         |

**Health concerns/Current medications:** \_\_\_\_\_

**Partner B, please check all your concerns in the relationship:**

- |                                     |                                           |                                         |
|-------------------------------------|-------------------------------------------|-----------------------------------------|
| <input type="radio"/> Communication | <input type="radio"/> Sexual Relationship | <input type="radio"/> Attraction        |
| <input type="radio"/> Parenting     | <input type="radio"/> Connection          | <input type="radio"/> Infidelity        |
| <input type="radio"/> Security      | <input type="radio"/> Deceit              | <input type="radio"/> Religious beliefs |
| <input type="radio"/> Finances      | <input type="radio"/> Companionship       | <input type="radio"/> Roles             |

**Health concerns/Current medications:** \_\_\_\_\_