Psychotherapy Services of CT, L.L.C. Vernon, CT 06066

Phone: (860) 647-8995

Couples History

Partner 2:		DOB:	Date:
Please list all of the	e people living in your household:		
<u>Name</u>	<u>Sex</u>	Age	Place of work or school
What problems are	you experiencing within your relati	onship at this tin	ne?
Do you have any	of these false beliefs about your re	lationship?	
Examples of false	beliefs about relationships:	Yes	No
1. One person	can and should make another happ	у	
2. One person	is responsible for another's unhapp	iness.	
3. A partner/s	pouse should understand you perfec	tly.	
4. A partner/s	pouse should anticipate your needs/	wants	
5. We need a	partner to be happy.		
6. We can't be	e happy or enjoy ourselves if our par	tner isn't enjoyin	g her or himself
7. If a partner	doesn't share your view/opinion it r	neans that he/she	doesn't love vou.

What Do You Want From Your Relationship?

Below are a list of wants and desires that a large number of people have identified as very important to them. Please read the statements below and rate the importance of each relational desire from 1 (lowest) to 10 (highest) in importance to you. Once you have gone through each item, rank your top ten most important desires.

I ha	I have a desire to		Low Importance					High Importance			
1.	Feel connected through talking.	1	2	3	4	5	6	7	8	9	10
2.	Feel connected through sharing recreation/fun times together.	1	2	3	4	5	6	7	8	9	10
3.	Be touched non-sexually.	1	2	3	4	5	6	7	8	9	10
4.	Have sex.	1	2	3	4	5	6	7	8	9	10
5.	Receive verbal tenderness.	1	2	3	4	5	6	7	8	9	10
6.	Receive physical tenderness.	1	2	3	4	5	6	7	8	9	10
7.	Be supported as I live by the laws of God.	1	2	3	4	5	6	7	8	9	10
8.	Know we'll stay together and feel secure in love.	1	2	3	4	5	6	7	8	9	10
9.	Know we'll stay together and feel secure in finances.	1	2	3	4	5	6	7	8	9	10
10.	Feel accepted and valued for who I am.	1	2	3	4	5	6	7	8	9	10
11.	Feel accepted and valued for what I do.	1	2	3	4	5	6	7	8	9	10
12.	Feel safe when I share who I am.	1	2	3	4	5	6	7	8	9	10
13.	Be included in most decisions that affect my life or marriage.	1	2	3	4	5	6	7	8	9	10
14.	Gain agreement and harmony in decision-making.	1	2	3	4	5	6	7	8	9	10
15.	Know that he or she needs me.	1	2	3	4	5	6	7	8	9	10
16.	Be supported in my desire to serve others.	1	2	3	4	5	6	7	8	9	10
17.	Receive genuine praise and affirmation.	1	2	3	4	5	6	7	8	9	10
18.	Be supported in my desire to have alone time.	1	2	3	4	5	6	7	8	9	10
19.	Be physically attracted to my spouse.	1	2	3	4	5	6	7	8	9	10
20.	Know that my spouse is honest and trustworthy.	1	2	3	4	5	6	7	8	9	10
21.	Receive gifts.	1	2	3	4	5	6	7	8	9	10
22.	Receive genuine appreciation for my service.	1	2	3	4	5	6	7	8	9	10

I have a desire for my spouse to	Low	High
	Importance	Importance
23. Develop with me a future plan for our marriage.	1 2 3 4	5 6 7 8 9 10
24. Be faithful.	1 2 3 4	5 6 7 8 9 10
25. Become emotionally healthy.	1 2 3 4	5 6 7 8 9 10
26. Maintain a mutually vibrant spiritual relationship.	1 2 3 4	5 6 7 8 9 10
27. Apologize and seek forgiveness.	1 2 3 4	5 6 7 8 9 10
28. Resolve differences/conflicts/arguments with me.	1 2 3 4	5 6 7 8 9 10
29. Provide mutually satisfying communication.	1 2 3 4	5 6 7 8 9 10
30. Cope with crises and stress.	1 2 3 4	5 6 7 8 9 10
31. Understand my personality and gender differences.	1 2 3 4	5 6 7 8 9 10
32. Demonstrate a willingness to change (flexibility).	1 2 3 4	5 6 7 8 9 10
33. Work towards unity with me on how to raise our children.	1 2 3 4	5 6 7 8 9 10
34. Be passionate and romantic.	1 2 3 4	5 6 7 8 9 10
35. Socially connect with others.	1 2 3 4	5 6 7 8 9 10
36. Maintain careful control over his or her expectations.	1 2 3 4	5 6 7 8 9 10
37. Notice our positive relational history.	1 2 3 4	5 6 7 8 9 10
38. Strive for mutuality and equality in our relationship.	1 2 3 4 5 6	7 8 9 10
39. Share negative and positive feelings without delay.	1 2 3 4	5 6 7 8 9 10
40. Accept my influence.	1 2 3 4	5 6 7 8 9 10
41. Periodically update his or her knowledge of what my	1 2 3 4	5 6 7 8 9 10
relational desires are.		
42. Other desire:		

What type of communication do each of you have?

	Myself	Partner
1. Following		
2. Directing		
3. Guiding		

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	CIGARETTES		ALCOHOL		MARIJUANA
Don't Smoke		Don't Drink		Don't Smoke	
<than 1<="" td=""><td></td><td>Drink 1/Month</td><td></td><td>Smoke 1/Month</td><td></td></than>		Drink 1/Month		Smoke 1/Month	
Pack/Day					
1 Pack/Day		Drink 1/Week		Smoke 1/Week	
>1 Pack/Day		Drink More		Smoke More	
		Than 1/Week		Than 1/Week	
Do You want		Do You Want		Do You Want	
To Quit?		To Quit?		To Quit?	

Have you ever been arrested for DWI/PUI? If so, indicate the number of DWI's and dates:
Do you use other drugs (for example, cocaine, speed, etc)? If so, describe:
Have you ever seen a counselor or doctor for emotional, mental health or substance abuse difficulties: If yes, list who and when:
Were you Hospitalized: Yes No If so When:
Have you ever heard voices or seen things that other people cannot see or hear? Yes No If so describe:
Do you ever feel that people are out to hurt you? Yes No If so describe:
Do you feel that people are talking about you behind your back? Yes No If so describe:
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Have you had any feelings of wanting hurt yourself or anyone else over the past month: If yes, describe

Have there been any attemps of suicide: YesNo If So When:
How did you view your parent's relationship growing up?
How did you feel your parents handled troubles within their marriage/household?
Do any of your family members have emotional, behavioral, mental health or substance abuse difficulties: If yes, who and when:
What are your personal strengths and support systems that have allowed you to cope with other difficult life situations in the past:
What specific changes do you want to make in order to feel that your therapy experience has been successful: 1,
2. 3.

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