More MH Counseling
Make More Happen

COUPLE COUNSELING ASSESSMENT

Date: _____

Please Circle: Self-Pay or Insurance

Client 1 information:

Name:
Gender: Male Female
Age - Date of Birth:
Phone:
Driver's License #:
Email:
Preferred Phone:

Client 2 information:

Name:
Gender: Male Female
Age - Date of Birth:
Phone:
Driver's License #:
Email:
Preferred Phone:

Emergency Contact:
Phone:

Health Insurance:

Insurance Company:
Policy #:
Co-Pay:
PCP:
Phone:
Address:
Preferred Phone:

Health Insurance:

Insurance Company:
Policy #:
Co-pay:
PCP:
Phone:
Address:
Preferred Phone:

Referral Source:

What are your reasons for seeking counseling services at this time?

Professional

Employer:
Status:
Highest Degree:
Special Ed:
Satisfaction:
Goals:

Employer:
Status:
Highest Degree:
Special Ed:
Satisfaction:
Goals:

Psychiatric History:

Client 1: Name:
Diagnosis Hx:

Outpt Provider:
Address:
Phone:
Frequency:
Last Seen:
Current Goals:
Why start/stop:
Successful:
Unsuccessful:

Hx psych meds (name, what for, dose, frequency, duration, compliance, benefits):

Provider:
Address:
Phone:
Last Seen:

Client 2: Name:
Diagnosis Hx:

Outpt Provider:
Address:
Phone:
Frequency:
Last Seen:
Current Goals:
Why start/stop:
Successful:
Unsuccessful:

Hx psych meds (name, what for, dose, frequency, duration, compliance, benefits):

Provider:
Address:
Phone:
Last Seen:

Mental Health History

Inpatient Hx:

Reason:
Suicide Attempt Hx:

Self-injury:
Family Hx suicide:
Family MH hx:

Trauma Hx:

Violence Hx:

Developmental Hx:

Recent life changes/stress:

Inpatient Hx:

Reason:
Suicide Attempt Hx:

Self Injury:
Family hx suicide:
Family MH hx:

Trauma Hx:

Violence Hx:

Developmental Hx:

Recent life changes/stress:

Hours of sleep:
Sleep issues?
Hours of Exercise:
Appetite Disturbances?

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Sleep issues?
Hours of Exercise:
Appetite Disturbances?

Substance Abuse Hx:
(How much, how often, last use - onset)

Alcohol:
Marijuana:
Heroin:
Cocaine:
Other:
Detox hx:
Disruption in functioning:

Family Hx:

Goals:

Alcohol:
Marijuana:
Heroin:
Cocaine:
Other:
Detox hx:
Disruption in functioning:

Family Hx:

Goals:

Legal Status

Incarceration Hx (parole, probation)

Sexual offense hx:
Immigration Issues:
Goals/Issues:

Incarceration Hx: (parole, probation)

Sexual offense hx:
Immigration Issues:
Goals/Issues

Social Relationships/Support

Social Interests:

Social supports:
Religious activities:
Family activities:

Issues:
Goals:
Family/siblings/birthplace:

Social Interests:

Social Supports:
Religious activities:
Family activities:

Issues:
Goals:
Family/siblings/birthplace:

Relationship Status

Relationship Status: Single Relationship Engaged Married Separated Divorced
Length of relationship:
Biological Children:
Living in household:

Children:
Quality of relationship:
Custody Issues:
Parenting Issues:
Stressors:

Relationship strengths:
Activities Together:
Desired activities:
Relationship weakness:

Disagreements:

Domestic violence:

Infidelity/mistrust:

Social issues:
Blame/resentment:
Commitment issues:
Changes in affection/intimacy:

Children:
Quality of relationship:
Custody Issues:
Parenting Issues:
Stressors:

Relationship strengths:
Activities Together:
Desired activities:
Relationship weakness:

Disagreements:

Domestic violence:

Infidelity/mistrust:

Social issues:
Blame/resentment:
Commitment issues:
Changes in affection/intimacy:

Disagreements:

Separation/threats:

Communication issues:

Have you tried anything to resolve?

Disagreements:

Separation/threats:

Communication issues:

Have you tried anything to resolve?

Client 1: Name:

Circle if it pertains to your reason or seeking mental health counseling at this time:

Memory	Disruptive Behavior	Drug Dependence	Unhappiness	Social Isolation
Shyness	Financial Problems	Self-Injury	Education	Legal Matters
Drug Use	Sleep Disturbance	Insomnia	Indecisive	Grief
Anger	Troublesome Thoughts	Racism	Empowerment	Loneliness
Stress	Problems with Anger	Health Problems	Nightmares	Parenting
Worry	Problems with Authority	Weight Control	Chronic Pain	Divorce/Separate
Attitude	Fatigue/Tiredness	Suspiciousness	Loneliness	PTSD
Fears	Sexual Problems	Low Self-Esteem	Education	Self-Control
Guilt	Violent disagreements	Mood Swings	Body Image	Social Isolation
Work	Lifestyle disagreements	Reproductive Prob	Relationship	Assertiveness
Family	Sadness/Depression	Suicidal Thoughts	Life Transitions	Impulsivity
Racism	Sexual Dysfunction	Family Relations	Incarceration	Blending Family
Infidelity	Physical Intimacy	Domestic Violence	Trust Issues	Blended family
Inferiority	Questioning sexual orientation	Emotional Communication	Non-traditional relationship	Social Media Issues
Housing	Parenting arguments	Frequent break-up	Sleeping on couch	Verbal Communication

Behavior

____ Acting strangely.
____ Attempting weight loss.
____ Seeking attention.
____ Arguing with others.
____ Dreading work.
____ Rejecting affection.
____ Not offering affection.
____ Not listening to others.
____ Not staying on track.
____ Difficulty waiting turn.
____ Checking/counting (ritual).
____ Exercising excessively
____ Fidgeting a lot.
____ Hoarding objects.
____ Initiating fights.
____ Losing things.
____ Showing inflexibility.
____ Being perfectionist.
____ Taking risks.
____ Startling easily.
Other: _____

Fears

____ Fearing abandonment.
____ Fearing crowds.
____ Fearing dying.
____ Fearing embarrassment.
____ Fearing gaining weight.
____Fearing losing loved ones.

Feelings

____ Feeling agitated.
____ Feeling angry.
____ Feeling anxious.
____ Feeling self-conscious.
____ Feeling cocky.
____ Feeling depressed.
____Feeling indecisive.
____ Feeling confused.
____ Feeling hopeless/helpless.
____ Lack of self-worth.
____ Feeling moody.
____ Feeling unstable.
Other: _____

Interpersonal
____ Having poor social supports.
____ Feeling easily influenced.
____ Lacking friends.

Thoughts
____ Forgetting things.
____ Having delusions.
____ Having erratic thoughts.
____ Having intrusive thoughts.
____ Having paranoia.
____ Having rapid thoughts.
____ Hearing voices not there.
____ Lacking focus.
____ Lacking motivation.
____ Lacking organization.
____ Obsessing over symmetry
____ Seeing things not there.
____ Thinking of death.
____ Worrying about health.
Other:_____

Physical Symptoms
____ Feeling chills.
____ Feeling muscle tension.
____ Feeling nauseated.
____ Feeling restless.
____ Sleepy in daytime.
____ Feeling too energetic.
____ Feeling too tired.
____ Gaining appetite.
____ Gaining weight.
____ Needing little sleep.
____ Sleeping too much.
____ Sleeping too little.
____ Sweating.
____ Rapid breathing.
____ Panic attacks.

Clinical Impression 1: _____
Clinical Impression 2: _____

Additional Information: _____
_____
_____

Clinician Signature: _____
Date: _____

GOALS

1.

2.

3.

4.

Client 2: Name:

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____ Feeling anxious.
____ Feeling self-conscious.
____ Feeling cocky.
____ Feeling depressed.
____Feeling indecisive.
____ Feeling confused.
____ Feeling hopeless/helpless.
____ Lack of self-worth.
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Clinician Signature: _____
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GOALS

1.

2.

3.

4.

Name:

When We Are Not Getting Along: My Feelings, Thoughts, and Behaviors

Check all the statements that reflect the way you feel or what you do when you are your partner are fighting or not getting along.

What I Do…

	I criticize
	I attack
	I blame
	I defend myself
	I analyze
	I overthink
	I bring up past events
	I get quiet
	I shutdown
	I become cold
	I say hurtful things
	I clam up
	I withdraw
	I avoid conflict
	I leave
	Verbally aggressive
	Physically aggressive

What My Partner Does..

	Criticizes me
	Attacks me
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Check Left, what You feel.. Right, what your partner feels.

	Scared	
	Afraid	
	Hurt	
	Vulnerable	
	Worried or nervous	
	Disappointed	
	Let down	
	Sad	
	Alone or lonely	
	Hopeless	
	Down or depressed	
	Empty	
	Disconnected	
	Isolated	
	Rejected	
	Abandoned	
	Misunderstood	
	Overwhelmed	

	Frustrated	
	Angry	
	Vindictive	
	Self-protective	
	Guarded	
	Clingy	
	Too emotional	
	Unable to self-calm	
	Blank	
	Number	
	Unable to communicate	
	Confused	
	Unfocused	
	Judged	
	Uncared for	
	Inadequate	
	Guilty	
	Failure	

	Attacked	
	Dismissed	
	Unlovable	
	Invalidated	
	Controlled	
	Intimidated	
	Put down	
	Analyzed	
	Dismissed	
	Unattractive	
	Insignificant	

Name:
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