 **Couples Intake**

Welcome to **Exceptional Marriage / Relationship Mentoring**! We ask you to answer these questions and email them back to us. The questionnaire helps us to understand who you are, and what your needs are while we are in the couples’ process together. For you, it is an opportunity for self-reflection and clarifying your desires in your work with us. *Please provide short answers.*

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| Name |  | | | | | Date |  |
| Age |  | Legally Married | | Y / N | Length of current relationship |  | |
| Number children | | |  | | Do they live with you | Y / N | |
| 1. How many times have you been married/partnered before this relationship and for how long? Other long term committed relationships? | | | | | | | |
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| 1. What are the issues you are struggling with now? Is this a recurring issue? | | | | | | | |
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| 1. How long has it been going on for? | | | | | | | |
| 1. What are the strengths in your relationship? What do you love about your partner? | | | | | | | |
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| 1. What are the stresses in your life at the current time? | | | | | | | |
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| 1. Significant stresses over the course of your relationship. | | | | | | | |
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| ***Couples Intake Page 2*** | | | | | | | |
| Clients Name | | | | | | | |
| 1. What triggers you most about your partner. How do you react when you get triggered? | | | | | | | |
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| 1. Dependencies past and present: alcohol, drugs, shopping, food, gambling, porn, sex, internet or any others. | | | | | | | |
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| 1. Describe any physical illnesses, present and past. | | | | | | | |
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| 1. What is happening in your sexuality with one another? Describe your sexual relationship over time? | | | | | | | |
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| 1. Have either of you had an affair or sexual relationship outside the marriage/partnership? When and how long did it/they last? How was it handled? | | | | | | | |
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| 1. What do you want out of couples’ work? | | | | | | | |
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| 1. What else should we know? | | | | | | | |
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