**Instructions:** To assist me in helping you, BOTH partners should separately fill out this form. Please do not exchange this information with your partner at this time. Several of your answers on this form may be shared later during joint therapy sessions. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

Are you presently married? Have you been married before? If Yes, how many previous marriages?

How long have you and your partner been in this relationship?

Are you and your partner presently living together?

**Please write your answer to the following questions:**

1. Why did you decide to come to therapy?
2. What are some strengths or positives in your relationship?
3. What is the most important thing for you to work on **in yourself** that would help the relationship?
4. What is the second most important thing for you to work on **in yourself** that would help the relationship?
5. What are a few positives or strengths that you see in your partner and that you appreciate?
6. What concerns you the most about your relationship?
7. What have you tried to do about this concern?
8. If your relationship improved, what would you notice that was different in your life?
9. What additional information would you like for me to know about you, your relationship?