

NORTHERN VIRGINIA INTEGRATIVE THERAPY CENTER

Relationship Questionnaire

Each person in the relationship/marriage completes this form.

Name _____ Date _____

Address _____

Phone (H) _____ (W) _____ (C) _____

Best number to contact you at _____ May I leave a voice mail? _____

Email _____

Birth date _____ Age _____ Social Security # _____

Place of Employment _____

Position _____

Spouse/Partner's Name _____

Duration of current relationship/marriage _____ Anniversary date _____

Previous Marriages? ___ Yes ___ No Ever widowed? _____

Children? ___ Yes ___ No How many? _____ Ages _____

Do you have any concerns about your children? _____ Please explain.

Where do your children live?

Grandchildren? _____

Other persons/pets living with you _____

Who referred you? _____ May I thank them? _____

Reason for seeking counseling

Reason for coming to relationship therapy (check all that apply):

- | | |
|------------------------------------|--------------------------------|
| _____ communication issues | _____ parenting issues |
| _____ trust issues | _____ other family issues |
| _____ intimacy issues | _____ affairs |
| _____ financial issues | _____ addiction issues |
| _____ lack of time together | _____ lack of shared interests |
| _____ other (please explain) _____ | |
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How long have these issues been of concern to you? _____

What psychological, emotional or physical symptoms are you experiencing as a result of these concerns/issues?

In your words, say more as to why you are seeking counseling right now.

What specific things would you really like to change about your relationship?

Have you received professional help for your relationship prior to coming here today? If so, when, and for how long? Was it helpful?

How often do you spend time together, and what do you usually do? _____

What do you really like about your relationship? _____

Relationship History

How did you meet your partner and how long have you know her/him?

When was the best period of time for in your relationship?

If living, do you get along with your partner/spouse's parents? _____

On the scale below, how happy are you in your marriage/relationship right now?

unhappy

somewhat happy

happy

More About You

Which aspects of your own behavior are of concern to you, and what would you like to change in yourself to be a better partner?

Have you ever been hospitalized for psychiatric problems? _____

Have you ever experienced suicidal thoughts or feelings? _____ If yes, when?

Do you currently have any addictions? _____

If yes, are you concerned about it? _____

Are you presently under a physician's care? If so, for what condition?

Are you currently on any medications? _____

If your parents are living, do you have a close and healthy relationship with your them? _____

Growing up which parent were you closest to? _____
And now? _____

What did your parents "do right" when raising you? _____

What could your parents have "done better"? _____

What was the happiest period of time in your childhood? _____

Please note that the Northern Virginia Integrative Therapy Center does not participate with insurance companies. Payment is due at the time of service, and clients file their claims with their insurance company. If you have a PPO insurance plan, we recommend you contact your insurance company and ask for their reimbursement %.

Please initial. _____

I understand that professional counselors, marriage and family therapists and allied healthcare practitioners at the Northern Virginia Integrative Therapy Center are behavioral health professionals and are not medical doctors and do not prescribe medication.

Please initial. _____

Client Signature _____ Date _____

Print Name _____