

Steven H May, Ph.D.
1800 E Tahquitz Canyon Way Suite C-4
Palm Springs, CA 92262 760-218-5711
CA License #: psy26777 NPI #: 1538615075

Couples' intake questionnaire

Please answer the following questions the best you can

NAME:

ADDRESS:

PHONE:

EMAIL:

Partner/Spouse Name

What do you feel are the biggest problems in your
Relationship?

When do you feel these problems
started?

What are some things about your partner that gets on your nerves?

Do You Trust your partner? If no, then why? _____

Do you feel safe at home with your partner? If no why? _____

Do you feel accepted by your partner? If no, then why? _____

Are you sexually satisfied? If not, what could make it better?

Why did you decide to come to couples therapy?

What do you think you can do to make the relationship better? _____

Where do you see your relationship in "X" Years?

1 YEAR

5 YEARS

10 YEARS

Do you feel loved and appreciated by your partner? Why or why not? _____

What do you love most about your partner?

What do you think are your greatest strengths you bring to this relationship? _____

What changes do you think you will need to make for this relationship to survive? _____

What are your expectations of therapy?

What are the reasons you want to work things out? _____

Are there any past conflicts that need resolving?

Are you willing to change to make improvements?

Your Name: _____

Signature: _____

Date: _____