

Couples Registration Form



Please circle how you have felt about your relationship with your partner in the month before deciding to come to therapy:

<i>Extremely unhappy</i>	<i>Fairly unhappy</i>	<i>A Little unhappy</i>	<i>Happy</i>	<i>Very Happy</i>	<i>Perfect</i>
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Please rate your commitment to this relationship on the following scale:

I want my relationship to succeed:	<i>Not at all</i>	<i>Somewhat</i>	<i>Mostly</i>	<i>Certainly</i>
I will do all I can to make it succeed:	<i>Not at all</i>	<i>Somewhat</i>	<i>Mostly</i>	<i>Certainly</i>

Many people, at one time or another, get physical with their partners when they are angry. Some people threaten to hurt their partners, some push or shove, and some slap or hit. Please indicate how many times physical behaviors such as those listed above have occurred in the last year.

Please describe a recent interaction between you and your partner that is typical of the issues for which you have come to therapy.

Over the past two years, what have been your greatest stressors in terms of life events?

What issues trigger disagreements and conflicts most consistently (please circle)?

Finances	Children/parenting	Physical affection	Sex
Career/job	Household tasks	Trust/jealousy	In-laws/relatives
Parents	Drugs	Recreation time	Religion
Anger	Moody/emotional	Appearance	Dishonesty
Other_____	Other_____		