

Gloria Sánchez-Pérez, LMFT

Couple's History

The first three pages will be completed together, and the subsequent pages will be done separately.

Client Name: _____ Date: _____

Gender: _____ F _____ M Date of Birth: _____ Age: _____

Client Name: _____ Gender: _____ F _____ M

Date of Birth: _____ Age: _____

Form completed by : _____

Address: _____ City: _____ State: CA Zip: _____

Phone (home): _____ (cell): _____ (cell) _____

Primary reason(s) for seeking services:

_____ Anger management _____ Coping _____ Communication _____ Frequent Arguments

_____ Infidelity _____ Lack Intimacy _____ Sexual concerns

_____ Mental Disorder _____ Parenting

_____ Other concerns (specify): _____

Family Information

Children	Name	Age	*Whose child?	Living with you	
				Yes	No
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____
6)	_____	_____	_____	_____	_____

*To answer the Whose child question, the options are as follows:

- B = Both of our natural child
- BA = Both of our adopted child
- M = Mom's natural child
- MA = Mom's adopted child
- F = Father's natural child
- FA = Father's adopted child

Marital Status

Have you been married before? **Client's initials:** _____ Yes _____ No _____

If Yes, how many previous marriages have you had? 1 2 3 4 5+

How long have you been in the current marriage? _____

Are you and spouse/partner currently living together? _____ Yes _____ No

Are you and partner engaged to be married? _____ Yes _____ No

Have you been married before? **Client's initials:** _____ Yes _____ No _____

If Yes, how many previous marriages have you had? 1 2 3 4 5+

How long have you been in the current marriage? _____

Are you and spouse/partner currently living together? _____ Yes _____ No

Are you and partner engaged to be married? _____ Yes _____ No

Development

Are there special, unusual, or traumatic circumstances that affected your development?

Client's initials: _____ Yes _____ No _____

If Yes, please describe: _____

Client's initials: _____ Yes _____ No _____

If Yes, please describe: _____

Spiritual/Religious

How important to are spiritual matters in the relationship? **Client's initials:** _____

_____ Not _____ Little _____ Moderate _____ Much

Are you affiliated with a spiritual or religious group? _____ Yes _____ No

If Yes, describe: _____

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_____ Not _____ Little _____ Moderate _____ Much

Are you affiliated with a spiritual or religious group? _____ Yes _____ No

If Yes, describe: _____

Counseling/Prior Treatment History

Client's initials: _____

	Yes	No	When	Where	Your reaction to overall experience
Counseling/Psychiatric Treatment	_____	_____	_____	_____	_____
Suicidal thoughts/ Attempts	_____	_____	_____	_____	_____
Drug/alcohol treatment	_____	_____	_____	_____	_____
Hospitalizations	_____	_____	_____	_____	_____

Involvement with self-help groups (e.g., AA, Al-Anon NA, Overeaters Anonymous) _____

Client's initials: _____

	Yes	No	When	Where	Your reaction to overall experience
Counseling/Psychiatric Treatment	_____	_____	_____	_____	_____
Suicidal thoughts/ Attempts	_____	_____	_____	_____	_____
Drug/alcohol treatment	_____	_____	_____	_____	_____
Hospitalizations	_____	_____	_____	_____	_____
Involvement with self-help groups (e.g., AA, Al-Anon NA, Overeaters Anonymous)	_____	_____	_____	_____	_____

Do you feel suicidal at this time? Client's initials: _____ Yes _____ No _____

If Yes, explain: _____

Client's initials: _____ Yes _____ No _____

If Yes, explain: _____

Briefly discuss what you consider to be the presenting problem:

What are your goals for therapy?

Therapist's signature/credentials:

Date:

The following is to be completed separately by each of you. Please complete the following questions without consulting with your spouse/partner.

Client Name: _____ **D.O.B.** _____

List 5 qualities that initially attracted you to your spouse/partner: Does you partner still possess this trait?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 4 concerns you initially had in the relationship:

Does you partner still possess this trait?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |

List 5 current positive attributes of your spouse/partner:

Do you often praise him/her for this trait?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 5 negative attribute of your spouse/partner:

Do you nag him/her about this trait?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 5 things you do to make marriage fulfilling:

Do you often do this behavior?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 5 things your spouse does to make marriage fulfilling:

Does partner often do this behavior?

- | | | |
|----------|-----------|----------|
| 1) _____ | _____ Yes | _____ No |
| 2) _____ | _____ Yes | _____ No |
| 3) _____ | _____ Yes | _____ No |
| 4) _____ | _____ Yes | _____ No |
| 5) _____ | _____ Yes | _____ No |

List 5 expectations you had about marriage before you met your partner:

Has this been fulfilled?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

- _____ Yes _____ No
 _____ Yes _____ No
 _____ Yes _____ No
 _____ Yes _____ No
 _____ Yes _____ No

Circle the appropriate response for each (if not applicable, leave blank)

	Present state of The relationship					Your need for it					Partner's need for it				
	Poor		Great			Low		High			Low		High		
1)Affection	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
2)Childrearing rules	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
3)Commitment together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4)Communication	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
5)Emotional closeness	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
6)Financial security	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
7)Honesty	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
8)Housework sharing	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
9)Love	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
10)Physical attraction	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
11)Religious commitment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
12)Respect	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
13)Sexual fulfillment	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
14)Social life together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
15)Time together	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
16)Trust	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

Circle the appropriate response for each (if not applicable, leave blank)

(M = Me, P = Partner, E = Equal)

Is this fair?

Comments

1)Auto repairs	M	P	E	___	Yes	___	No	_____
2)Child care	M	P	E	___	Yes	___	No	_____
3)Child discipline	M	P	E	___	Yes	___	No	_____
4)Cleaning bathrooms	M	P	E	___	Yes	___	No	_____
5)Cooking	M	P	E	___	Yes	___	No	_____
6)Employment	M	P	E	___	Yes	___	No	_____
7)Grocery shopping	M	P	E	___	Yes	___	No	_____
8)House cleaning	M	P	E	___	Yes	___	No	_____
9)Inside repairs	M	P	E	___	Yes	___	No	_____
10)Laundry	M	P	E	___	Yes	___	No	_____
11)Making bed	M	P	E	___	Yes	___	No	_____
12)Outside repairs	M	P	E	___	Yes	___	No	_____
13)Recreational events	M	P	E	___	Yes	___	No	_____
14)Sweeping kitchen	M	P	E	___	Yes	___	No	_____
15)Taking out garbage	M	P	E	___	Yes	___	No	_____

16)Washing dishes	M P E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
17)Yard work	M P E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
18)_____	M P E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

How often do you have: Mild arguments? _____
 Severe arguments? _____

After a MILD argument is over how do you feel? Check best responses.

<input type="checkbox"/> Angry	<input type="checkbox"/> Lonely
<input type="checkbox"/> Anxious	<input type="checkbox"/> Nauseous
<input type="checkbox"/> Childish	<input type="checkbox"/> Numb
<input type="checkbox"/> Defeated	<input type="checkbox"/> Regretful
<input type="checkbox"/> Depressed	<input type="checkbox"/> Relieved
<input type="checkbox"/> Guilty	<input type="checkbox"/> Stupid
<input type="checkbox"/> Happy	<input type="checkbox"/> Victimized
<input type="checkbox"/> Hopeless	<input type="checkbox"/> Worthless
<input type="checkbox"/> Irritable	

After a SEVERE argument is over how do you feel? Check best responses.

<input type="checkbox"/> Angry	<input type="checkbox"/> Lonely
<input type="checkbox"/> Anxious	<input type="checkbox"/> Nauseous
<input type="checkbox"/> Childish	<input type="checkbox"/> Numb
<input type="checkbox"/> Defeated	<input type="checkbox"/> Regretful
<input type="checkbox"/> Depressed	<input type="checkbox"/> Relieved
<input type="checkbox"/> Guilty	<input type="checkbox"/> Stupid
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<input type="checkbox"/> Hopeless	<input type="checkbox"/> Worthless
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Which of the following issues/behaviors of you and/or your partner may be attributable to your relationship or personal conflicts? If it does not apply, leave it blank. Circle best responses.

(M = My behavior P = Partner's behavior B = Both)

Alcohol	M P B	Outside interests	M P B
Childishness	M P B	Past failures	M P B
Controlling	M P B	Perfectionist	M P B
Defensiveness	M P B	Possessive	M P B
Degrading	M P B	Spends too much	M P B
Demanding	M P B	Steals	M P B
Drugs	M P B	Stubbornness	M P B
Flirts with others	M P B	Uncaring	M P B
Gambling	M P B	Unstable	M P B
Irresponsible	M P B	Violent	M P B
Lies	M P B	Withdrawn	M P B
Past marriage(s)/relationship(s)	M P B	Works too much	M P B

I, _____, hereby give my permission for Gloria Sanchez-Perez, LMFT to share the information that I provide on this form to _____ (spouse/partner) when it is deemed appropriate by my therapist. The sharing of information will take place during a couple's therapy session.

Client's signature: _____ Date: _____

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- | | |
|----------|--------------------|
| 1) _____ | _____ Yes _____ No |
| 2) _____ | _____ Yes _____ No |
| 3) _____ | _____ Yes _____ No |
| 4) _____ | _____ Yes _____ No |
| 5) _____ | _____ Yes _____ No |

List 4 concerns you initially had in the relationship:

Does you partner still possess this trait?

- | | |
|----------|--------------------|
| 1) _____ | _____ Yes _____ No |
| 2) _____ | _____ Yes _____ No |
| 3) _____ | _____ Yes _____ No |
| 4) _____ | _____ Yes _____ No |

List 5 current positive attributes of your spouse/partner:

Do you often praise him/her for this trait?

- | | |
|----------|--------------------|
| 1) _____ | _____ Yes _____ No |
| 2) _____ | _____ Yes _____ No |
| 3) _____ | _____ Yes _____ No |
| 4) _____ | _____ Yes _____ No |
| 5) _____ | _____ Yes _____ No |

List 5 negative attribute of your spouse/partner:

Do you nag him/her about this trait?

- | | |
|----------|--------------------|
| 1) _____ | _____ Yes _____ No |
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| 3) _____ | _____ Yes _____ No |
| 4) _____ | _____ Yes _____ No |
| 5) _____ | _____ Yes _____ No |

List 5 things you do to make marriage fulfilling:

Do you often do this behavior?

- | | |
|----------|--------------------|
| 1) _____ | _____ Yes _____ No |
| 2) _____ | _____ Yes _____ No |
| 3) _____ | _____ Yes _____ No |
| 4) _____ | _____ Yes _____ No |
| 5) _____ | _____ Yes _____ No |

List 5 things your spouse does to make marriage fulfilling:

Does partner often do this behavior?

- | | |
|----------|--------------------|
| 1) _____ | _____ Yes _____ No |
| 2) _____ | _____ Yes _____ No |
| 3) _____ | _____ Yes _____ No |
| 4) _____ | _____ Yes _____ No |
| 5) _____ | _____ Yes _____ No |

List 5 expectations you had about marriage before you
Met your partner:

Has this been fulfilled?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

- _____ Yes _____ No
 _____ Yes _____ No
 _____ Yes _____ No
 _____ Yes _____ No
 _____ Yes _____ No

Circle the appropriate response for each (if not applicable, leave blank)

	Present state of The relationship					Your need for it					Partner's need for it				
	Poor		Great			Low		High			Low		High		
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16)Trust	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

Circle the appropriate response for each (if not applicable, leave blank)

(M = Me, P = Partner, E = Equal)

	M	P	E	Is this fair?	Comments
1)Auto repairs				___Yes ___No	_____
2)Child care				___Yes ___No	_____
3)Child discipline				___Yes ___No	_____
4)Cleaning bathrooms				___Yes ___No	_____
5)Cooking				___Yes ___No	_____
6)Employment				___Yes ___No	_____
7)Grocery shopping				___Yes ___No	_____
8)House cleaning				___Yes ___No	_____
9)Inside repairs				___Yes ___No	_____
10)Laundry				___Yes ___No	_____
11)Making bed				___Yes ___No	_____
12)Outside repairs				___Yes ___No	_____
13)Recreational events				___Yes ___No	_____
14)Sweeping kitchen				___Yes ___No	_____
15)Taking out garbage				___Yes ___No	_____

- | | | | |
|-------------------|-------|--|-------|
| 16)Washing dishes | M P E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 17)Yard work | M P E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 18)_____ | M P E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

How often do you have: Mild arguments? _____
 Severe arguments? _____

After a MILD argument is over how do you feel? Check best responses.

- | | |
|------------------------------------|-------------------------------------|
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| <input type="checkbox"/> Anxious | <input type="checkbox"/> Nauseous |
| <input type="checkbox"/> Childish | <input type="checkbox"/> Numb |
| <input type="checkbox"/> Defeated | <input type="checkbox"/> Regretful |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Stupid |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Worthless |
| <input type="checkbox"/> Irritable | |

After a SEVERE argument is over how do you feel? Check best responses.

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Nauseous |
| <input type="checkbox"/> Childish | <input type="checkbox"/> Numb |
| <input type="checkbox"/> Defeated | <input type="checkbox"/> Regretful |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Relieved |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Stupid |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Victimized |
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Worthless |
| <input type="checkbox"/> Irritable | |

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(M = My behavior P = Partner's behavior B = Both)

- | | | | |
|----------------------------------|-------|-------------------|-------|
| Alcohol | M P B | Outside interests | M P B |
| Childishness | M P B | Past failures | M P B |
| Controlling | M P B | Perfectionist | M P B |
| Defensiveness | M P B | Possessive | M P B |
| Degrading | M P B | Spends too much | M P B |
| Demanding | M P B | Steals | M P B |
| Drugs | M P B | Stubbornness | M P B |
| Flirts with others | M P B | Uncaring | M P B |
| Gambling | M P B | Unstable | M P B |
| Irresponsible | M P B | Violent | M P B |
| Lies | M P B | Withdrawn | M P B |
| Past marriage(s)/relationship(s) | M P B | Works too much | M P B |

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Client's signature: _____ Date: _____