

vitalchanges

Science and Spirituality for Personal Transformation
 119 Pelly Ave. N., Renton, WA 98057
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 www.VitalChanges.org

Relationship Counseling Information

- 1) Your Name: _____ 2) Age: _____ 3) Date: _____
- 4) Address: _____ City: _____ State: _____ Zip: _____
- 5) Briefly, what is your main purpose in coming to couple's counseling? _____
-

Instructions: To assist us in helping you, please fill out this form as fully and openly as possible. Your answers will help plan a course of couple's therapy that is most suitable for you and your partner. Do not exchange this information with your partner at this time.

Several of your answers on this form may be shared later with your partner during joint therapy sessions if you give us permission to share this information. For this reason you are advised to respond honestly and carefully to each item. If certain questions do not apply to you or you do not want to share this information, please leave them blank.

- 6) Have you been married before? Yes No
 If Yes, how many previous marriages have you had? 1 2 3 4 5+
- 7) How long have you and your partner been in this relationship? _____
- 8) Are you and your partner presently living together? Yes No
- 9) Are you and your partner engaged to be married? Yes When? _____ No
- 10) Fill out the following information for each child of whom the natural parent is both you and your partner, children from previous relationships, and adopted children.
 Neither of us has children (go to next page) One or each of us has children (continue)

- *"Whose child?" answering options:
- B = Both of ours, natural child
 - BA = Both of ours, adopted (or taken on)
 - M = My natural child
 - MA = My child, adopted (or taken on)
 - P = Partner's natural child
 - PA = Partner's child, adopted (or taken on)

				*Whose	
Child's name	Age	Sex	child?		Lives with whom?
1) _____	_____	F M	_____		___ Yes ___ No
2) _____	_____	F M	_____		___ Yes ___ No
3) _____	_____	F M	_____		___ Yes ___ No
4) _____	_____	F M	_____		___ Yes ___ No
5) _____	_____	F M	_____		___ Yes ___ No
6) _____	_____	F M	_____		___ Yes ___ No
7) _____	_____	F M	_____		___ Yes ___ No

- 11) List five qualities that initially attracted you to your partner:
- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- Does your partner still possess this trait?
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- 12) List four negative concerns that you initially had in the relationship:
- 1) _____
- 2) _____
- 3) _____
- 4) _____
- Does your partner still possess this trait?
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- 13) List five present positive attributes of your partner:
- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- Do you often praise your partner for this trait?
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- 14) List five present negative attributes of your partner:
- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- Do you nag your partner about this trait?
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- 15) List five things you do (or could do) to make the marriage more fulfilling for your partner:
- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- Do you often implement this behavior?
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- 16) List five things that your partner does (or could do) to make the marriage more fulfilling for you:
- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- Does your partner often implement this behavior?
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No
- ___ Yes ___ No

- 17) List five expectations or dreams you had about relationships before you met your partner: Has this been fulfilled?
- | | | | | |
|----------|-----|-----|-----|----|
| 1) _____ | ___ | Yes | ___ | No |
| 2) _____ | ___ | Yes | ___ | No |
| 3) _____ | ___ | Yes | ___ | No |
| 4) _____ | ___ | Yes | ___ | No |
| 5) _____ | ___ | Yes | ___ | No |

- 18) On a scale of 1 to 5 rate the following items as they pertain to:
- 1) The present state of the relationship
 - 2) Your need or desire for it
 - 3) Your partner's need or desire for it

Circle the Appropriate Response for Each (If not applicable, leave blank.)

	Present state of the relationship					Your need or desire					Partner's need or desire				
	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
Other (specify)															
17) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
18) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
19) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
20) _____	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

- 19) For couples living together. Which partner spends more time conducting the following activities?

Circle the Appropriate Response for Each (If not applicable, leave blank.)

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

	M	P	E	Is this equitable (fair)?		Comments
				___ Yes	___ No	
1) Auto repairs				___	___	_____
2) Child care				___	___	_____
3) Child discipline				___	___	_____
4) Cleaning bathrooms				___	___	_____
5) Cooking				___	___	_____
6) Employment				___	___	_____
7) Grocery shopping				___	___	_____

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) Social activities	M	P	E	___	Yes	___	No	_____
15) Sweeping kitchen	M	P	E	___	Yes	___	No	_____
16) Taking out garbage	M	P	E	___	Yes	___	No	_____
17) Washing dishes	M	P	E	___	Yes	___	No	_____
18) Yard work	M	P	E	___	Yes	___	No	_____
19) Other: _____	M	P	E	___	Yes	___	No	_____
20) Other: _____	M	S	E	___	Yes	___	No	_____

20) If some of the following behaviors take place only during MILD arguments circle an "M" in the appropriate blanks. If they take place only during SEVERE arguments, circle an "S." If they take place during ALL arguments circle an "A." Fill this out for you and your impression of your partner. If certain behaviors do not take place, leave them blank.

Circle the Appropriate Response for Each

(M = Mild arguments only S = Severe arguments only A = All arguments)

Behavior	By me			By partner			Should this change?			
1) Apologize	M	S	A	M	S	A	___	Yes	___	No
2) Become silent	M	S	A	M	S	A	___	Yes	___	No
3) Bring up the past	M	S	A	M	S	A	___	Yes	___	No
4) Criticize	M	S	A	M	S	A	___	Yes	___	No
5) Cruel accusations	M	S	A	M	S	A	___	Yes	___	No
6) Cry	M	S	A	M	S	A	___	Yes	___	No
7) Destroy property	M	S	A	M	S	A	___	Yes	___	No
8) Leave the house	M	S	A	M	S	A	___	Yes	___	No
9) Make peace	M	S	A	M	S	A	___	Yes	___	No
10) Moodiness	M	S	A	M	S	A	___	Yes	___	No
11) Not listen	M	S	A	M	S	A	___	Yes	___	No
12) Physical abuse	M	S	A	M	S	A	___	Yes	___	No
13) Physical threats	M	S	A	M	S	A	___	Yes	___	No
14) Sarcasm	M	S	A	M	S	A	___	Yes	___	No
15) Scream	M	S	A	M	S	A	___	Yes	___	No
16) Slam doors	M	S	A	M	S	A	___	Yes	___	No
17) Speak irrationally	M	S	A	M	S	A	___	Yes	___	No
18) Speak rationally	M	S	A	M	S	A	___	Yes	___	No
19) Sulk	M	S	A	M	S	A	___	Yes	___	No
20) Swear	M	S	A	M	S	A	___	Yes	___	No
21) Threaten breaking up	M	S	A	M	S	A	___	Yes	___	No
22) Threaten to take kids	M	S	A	M	S	A	___	Yes	___	No
23) Throw things	M	S	A	M	S	A	___	Yes	___	No
24) Verbal abuse	M	S	A	M	S	A	___	Yes	___	No
25) Yell	M	S	A	M	S	A	___	Yes	___	No
26) _____	M	S	A	M	S	A	___	Yes	___	No
27) _____	M	S	A	M	S	A	___	Yes	___	No
28) _____	M	S	A	M	S	A	___	Yes	___	No

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

22) When a MILD argument is over
 how do you usually feel?

Check Appropriate 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 | |

23) When a SEVERE argument is over
 how do you usually feel?

Check Appropriate 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 | |

24) Which of the following issues or behaviors of you and/or your partner may be attributable to your relationship or personal conflicts? If an item does not apply, leave it blank.

Circle the Appropriate Responses

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

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

25) In the remaining space please provide additional information that would be helpful:

I, _____, hereby give my permission for this clinic to share the information that I provide on this form to _____ (partner) when it is deemed appropriate by an agreement between me, my partner, and our therapist. This sharing of information may take place only during a joint counseling session (both partners present).

Client's signature: _____ Date: ____/____/____

PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS TO THIS OFFICE AT LEAST TWO DAYS BEFORE YOUR NEXT APPOINTMENT.

Billing Information

Client Name: _____ Date of Birth: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

[√ Check preferred contact numbers]

INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

NAME OF INSURED: _____

SECONDARY INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

NAME OF INSURED: _____

Payments, co-payments, and deductible amounts are due at the time of service. There is a 1% per month (12% Annual Percentage Rate) interest charge on all accounts that are not paid within 60 days of the billing date.

I HEREBY CERTIFY that I have read and agree to the conditions and have received a copy of the Federal Truth in Lending Disclosure Statement for Professional Services.

Person responsible for account: _____ Date: ___/___/___

Release of Information Authorization to Third Party

I (we) authorize **Vital Changes, Inc.** to disclose case records (diagnosis, case notes, psychological reports, testing results, or other requested material) to the above listed third-party payer or insurance company for the purpose of receiving payment directly to **Vital Changes, Inc**.

I (we) understand that access to this information will be limited to determining insurance benefits, and will be accessible only to persons whose employment is to determine payments and/or insurance benefits. I (we) understand that I (we) may revoke this consent at any time by providing written notice, and after one year this consent expires. I (we) have been informed what information will be given, its purpose, and who will receive it. I (we) certify that I (we) have read and agree to the conditions and have received a copy of this form.

Person(s) responsible for account: _____ Date: ___/___/___

Person(s) receiving services: _____ Date: ___/___/___

Person(s) or guardian(s): _____ Date: ___/___/___

Signature: _____ Date _____