



CORE WELLNESS
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Couples Questionnaire

Please answer each question briefly. Return to therapist or via fax or email above.

Date: _____
Your Name: _____ **DOB:** _____
Spouse's Name: _____ **DOB:** _____
Length known each other: _____ **Length as a couple:** _____
Race _____
Religion _____
Number of children together (ages) _____ **separately (ages):** _____
Last time you went to therapy together: _____

List issues present: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Fights | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Miscommunication | <input type="checkbox"/> Addiction _____ |
| <input type="checkbox"/> Financial issues | <input type="checkbox"/> Emotional infidelity |
| <input type="checkbox"/> Trust issues | <input type="checkbox"/> Sexual infidelity |
| <input type="checkbox"/> Disrespect | <input type="checkbox"/> Abuse _____ |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drug abuse | |

What I am seeking in therapy:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Relationship repair | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Relationship termination | |

How long do you anticipate being in therapy? _____

Briefly summarize the issues including: your part and his/her part:

Signature _____ **Date** _____