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Couples Questionnaire

Please answer each question briefly to the best of your ability.

Date: _____

Your Name: _____

Spouse's Name: _____

Length known each other: _____ **Length as a couple:** _____

Age _____

Race _____

Religion _____

Number of children together (ages) _____ **separately (ages):** _____

Last time you went to therapy together: _____

Which issues are present? (check all that apply)

- Fights
- Miscommunications
- Financial issues
- Trust issues
- Disrespect
- Alcohol abuse
- Drug abuse
- Gambling
- Addictions _____
- Domestic violence OHim/OHer
- Confirmed infidelity OHim/OHer
- Suspected infidelity OHim/OHer
- Emotional infidelity OHim/OHer
- Physical abuse OHim/OHer
- Sexual abuse OHim/OHer
- Emotional abuse OHim/OHer
- Children issues
- Emotional unavailability
- Sexual issues OHim/OHer
- Separated
- Other _____

What I am seeking in therapy:

- Relationship repair
- Relationship termination
- Undecided

How long do you anticipate being in therapy? _____

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

Signature _____ **Date** _____