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**Couples Counseling**

Background Information Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What result do you want from couples counseling sessions? Number by priority:**

* better communication
* safer experience of closeness
* better family relationships
* stronger ability to navigate differences
* more erotic connection
* better parenting skills
* more space and freedom between you
* rebuild trust
* co-create future plans
* better “maintenance” of relationship
* discover shared activities
* other hopes:

**What are the areas in which you are experiencing difficulty?**

* finance management
* sexuality
* conflict resolution
* lack of connection
* avoidance of each other
* parenting conflicts
* speak in different emotional/cultural languages
* religious differences
* different values
* other concerns:

**What background issues might be impacting the relationship for you or for your partner?**

**Please describe your relationship to alcohol and drugs:**

**Current addictions:**

alcohol, gambling, drugs, seduction, pornography, computer use, video games

**Family and Genetic heritage:**

* family members were addicted to alcohol or drugs?
* parents were addicted to alcohol or drugs?
* family violence?
* family in cult or severe religious background?
* parents chronically angry with outbursts?
* parents chronically angry and withdrawn?
* sexual abuse from family member?
* sexual abuse or misuse from anyone?
* parents died before you were 21. Are your parents alive now?

**Do you take any medication, or have any health condition, which impacts mood or sexual functioning?**

**Are you on antidepressants or anti-anxiety drugs?**

**How many hours per week do each of you work?**

**Do you have children? How many and what ages?**

**How are house and yard chores accomplished? Is this an area of conflict?**

**What do you do for relaxation and enrichment?**

**Do you have religious or spiritual beliefs that help your partnership? Explain:**

**Do either of you have a previous mental health diagnosis?**

**PTSD, Depression, Bipolar, Addictions, Anxiety, Abuse Survival, Other\_\_\_\_\_\_\_\_\_**

**What major losses have you each encountered in life?**

**deaths, abortions, betrayals, trust violation, divorce, bankruptcy, health issues, auto accidents, career disasters, natural disasters etc.**

**What previous experience with counseling have you had?**

**Do either of you have an individual therapist? Would you like for me to co-ordinate treatment?**

**Do you have any concerns about counseling that you can share with me, in order for me to do the best job possible for you?**

**Please elaborate on anything else that you think I may need to know in order to understand what you are trying to deal with in yourself and in your partner.**