



# GRATEFUL HEART

HOLISTIC THERAPY CENTER

[www.gratefulhearttherapy.org](http://www.gratefulhearttherapy.org)

**Partner 1:** \_\_\_\_\_ *Birthdate* \_\_\_\_\_  
First Middle Last

Gender Identification/s: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Okay to leave message? Y N

Cell Phone: \_\_\_\_\_ Okay to leave message? Y N

Work Phone: \_\_\_\_\_ Okay to leave message? Y N

Email: \_\_\_\_\_

**Partner 2:** \_\_\_\_\_ *Birthdate* \_\_\_\_\_  
First Middle Last

Gender Identification/s: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Okay to leave message? Y N

Cell Phone: \_\_\_\_\_ Okay to leave message? Y N

Work Phone: \_\_\_\_\_ Okay to leave message? Y N

Email: \_\_\_\_\_

**Partner 3:** \_\_\_\_\_ *Birthdate* \_\_\_\_\_  
                    First                                      Middle                                      Last

Gender Identification/s: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Okay to leave message? Y N

Cell Phone: \_\_\_\_\_ Okay to leave message? Y N

Work Phone: \_\_\_\_\_ Okay to leave message? Y N

Email: \_\_\_\_\_

Relationship Status:

**Partner 1** \_\_Single \_\_Married \_\_Divorced \_\_Committed Relationship

**Partner 2** \_\_Single \_\_Married \_\_Divorced \_\_Committed Relationship

**Partner 3** \_\_Single \_\_Married \_\_Divorced \_\_Committed Relationship

How long have you been together as a triad?

Sexual Orientation/s:

Do you reside together?

Have you ever separated?

Please list below all children from this or previous marriages/relationships (include biological, adopted, foster and step children living in your households or not), and their ages.

Briefly describe why you are seeking therapy:

Have any of you ever been hospitalized for depression, suicidality or other psychological reasons?

Who	Setting	Approximate dates	Reason

Please list any past health challenges that have significantly impacted your relationships.

**Medical History (Partner 1):**

Current Health Challenge

Treating Physician

Medication

**Medical History (Partner 2):**

Current Health Problem

Treating Physician

Medication

**Medical History (Partner 3):**

Current Health Problem

Treating Physician

Medication

Do any of you drink alcohol or take drugs to intoxication or excess?     Yes     No

Who	Type of drugs/alcohol	Frequency of use	Length of use

Referral Source:

Have you been in couple's therapy before?

	Approximate dates	Focus of therapy	Ended satisfactorily?

PARTNER 1: Have you been in individual therapy before?

Therapist	Approximate dates	Focus of therapy	Ended satisfactorily?

PARTNER 2: Have you been in individual therapy before?

Therapist	Approximate dates	Focus of therapy	Ended satisfactorily?

PARTNER 3: Have you been in individual therapy before?

Therapist	Approximate dates	Focus of therapy	Ended satisfactorily?





## Couple Satisfaction Checklist (Partner 1)

Place a ✓ check in the box to the right of each relationship category that best describes **how satisfied you feel**.

CATEGORY	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	✓ Check 3 Areas you want most to Change
Degree of Closeness, Openness, Confiding, and Sharing							
Expression of Affection and Caring							
Satisfaction with Sexual Intimacy							
Handling Conflicts and Arguments							
Expression of Anger, Criticism or Blame							
Handling Finances							
Handling of Parenting Issues							
Handling of Household Tasks							
Common Interests and Social Life							
Degree of Respect and Admiration for Your Partner							
Satisfaction with your Role in the Relationship							
Satisfaction with your Partner's Role in the Relationship							
Overall Satisfaction with Your Relationship							







## Couple Satisfaction Checklist (Partner 2)

Place a ✓ check in the box to the right of each relationship category that best describes **how satisfied you feel**.

CATEGORY	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	✓ Check 3 Areas you want most to Change
Degree of Closeness, Openness, Confiding, and Sharing							
Expression of Affection and Caring							
Satisfaction with Sexual Intimacy							
Handling Conflicts and Arguments							
Expression of Anger, Criticism or Blame							
Handling Finances							
Handling of Parenting Issues							
Handling of Household Tasks							
Common Interests and Social Life							
Degree of Respect and Admiration for Your Partner							
Satisfaction with your Role in the Relationship							
Satisfaction with your Partner's Role in the Relationship							
Overall Satisfaction with Your Relationship							





### Couple Satisfaction Checklist (Partner 3)

Place a ✓ check in the box to the right of each relationship category that best describes **how satisfied you feel**.

CATEGORY	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	✓ Check 3 Areas you want most to Change
Degree of Closeness, Openness, Confiding, and Sharing							
Expression of Affection and Caring							
Satisfaction with Sexual Intimacy							
Handling Conflicts and Arguments							
Expression of Anger, Criticism or Blame							
Handling Finances							
Handling of Parenting Issues							
Handling of Household Tasks							
Common Interests and Social Life							
Degree of Respect and Admiration for Your Partner							
Satisfaction with your Role in the Relationship							
Satisfaction with your Partner's Role in the Relationship							
Overall Satisfaction with Your Relationship							