

Visionary Mental Health Services Questionnaire

Couples

Lindsay Bruckner, MSW, LCSW-PIP

This is a questionnaire that will provide me with information that will be helpful in our work together. **If there are questions that you would rather not answer, leave them blank.** Attach extra pages if necessary. Please bring this to our session.

Name _____ Date of birth _____

Address _____ City _____ Zip _____

Phone _____ Email _____

1. Please describe a bit about what brings you to therapy.

2. What are the major concerns that you want our work in therapy to focus on?

3. What are your therapy goals? If therapy is successful, how will you and/or your life be different?

4. Please provide the names, ages, and brief description of anyone currently living in your home.

5. Please tell me a bit about your current job, such as your position and degree of satisfaction with your work.

7. Please comment on anything in your health history that you feel may cause issues such as :

a) illnesses, injuries, surgeries:

b) current health issues:

c) have you ever had any issues with substance abuse?

d) have you ever had a mental health diagnosis?

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8. Family of Origin:

- a) What kind of relationship did you have with your family? (mother, father, siblings, stepparents, grandparents)

- b) Are there any important events from your childhood that you feel were significant or are impacting your life today?

- c) Are there any important events from your teenage years that you feel were significant or that impact your life today?

- d) What was the mood of your house when you were growing up? (happy, sad, tense, scary, chaotic, etc.)

9. Trauma History:

- a) Have you ever had any significant trauma (abuse, attacks, accidents etc.) When?

- b) Have you experienced any significant losses? When?

- c) Have you ever contemplated suicide? Ever made a suicide attempt?

10. Describe yourself, including positive and negative traits:

11. Marriage/Relationship: How long together: _____ How long married: _____

- a. What was your initial attraction to your partner?

- b. What do you currently like or appreciate about your partner?

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- c. What are the strengths or foundational aspects of your relationship?

- d. What are the challenges of your relationship? What changes do you want to see?

- e. What sorts of issues seem to cause the most conflict for you (examples: money, parenting, sex, in-laws, household tasks, communication, trust, etc.)

- f. Describe your Sexual and Emotional Intimacy. What is, or is not, satisfying for you?

- g. What happens when you fight? What are your triggers?

- h. What do you do when you fight? (examples: Get Assertive or Give In)

- i. How do you reconnect after an argument?

12. Significant Turning Points in the Relationship

- a). Events that have strengthened your relationship or caused the relationship to turn for the better?

- b.) Events that have hurt the relationship, times that perhaps you really needed your partner or felt vulnerable and your partner was not responsive to your emotional or physical needs?

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13. Please list any previous therapy you may have had, as an individual or a couple, and what the experience was like for you?