

**GEORGE GLASER, LCSW**

1600 West 38<sup>th</sup> Street • Suite 306 • Austin, Texas 78731 • (512) 371-9418 • (512) 828-7042 (fax)

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CLIENT INFORMATION – COUPLES

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*Please review and discuss the answers to these questions.*

**PROBLEM DESCRIPTION AND HISTORY** *(print)*

1) How long have you been together as a couple? \_\_\_\_\_  
\_\_\_\_\_

2) How did you meet each other? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) As a couple, how would you describe the problems you are experiencing in the relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Have you sought help before with this problem(s)? Where, when, and how?  
\_\_\_\_\_  
\_\_\_\_\_

5) What results did you have?  
\_\_\_\_\_  
\_\_\_\_\_

6) How do you express affection in your relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Do you participate in sexual relations with each other? Yes  No   
If yes, how often do you have sex? \_\_\_\_\_

8) Is there any verbal or physical violence in your relationship: Yes  No

If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Have there been any separations in your relationship? Yes  No

If yes, describe what happened and when it occurred; how did you reconcile? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Are you currently working with another couple's counselor? Yes  No

If yes, please give names, addresses, and phone numbers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11) Is either party seeing another therapist for any reason? Yes  No

12) Have you previously participated in couples counseling? Yes  No

13) Have you participated in a in marriage/relationship retreat through a church or on a private basis?

Yes  No   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_