

1. What strengths do you bring to your marriage/partnership?
2. What have you learned about yourself in individual therapy that relates to your marriage/partnership?
3. What do you want to address in your marriage/partnership while in couples therapy?
4. What strengths does your spouse bring to the marriage/partnership?
5. What other challenges are you facing in your life (e.g., struggles or stress with work, with kids, with anxiety, depression, substance abuse, sleep, etc.)
6. Is there any other information I should be aware of regarding you and your mental and/or physical health?

FAMILY MENTAL HEALTH HISTORY

In the section below please indicate if there is a family history of any of the following. If yes, please indicate the family member's relationship to you (father, grandmother, uncle, etc.) in the space provided.

- | | | |
|--------------------------------------|-----------|-------------------|
| Alcohol/Substance Abuse or Addiction | Yes or No | Family member(s): |
| Anxiety | Yes or No | Family member(s): |
| Depression | Yes or No | Family member(s): |
| Domestic Violence | Yes or No | Family member(s): |
| Eating Disorders | Yes or No | Family member(s): |
| Obesity | Yes or No | Family member(s): |
| Obsessive Compulsive Disorders | Yes or No | Family member(s): |
| Schizophrenia | Yes or No | Family member(s): |
| Suicide (or suicide attempts) | Yes or No | Family member(s): |