

Intake Form -- COUPLE
Angie Yetzke, LLC

Please each print and complete a separate form and bring to first session.

Name

Tel

Email

Preferred method of communication: ___ Tel ___ Text ___ Email

Physical, mental or emotional concerns that might affect our work together:

What first attracted you to your spouse?

What did you enjoy doing together during your dating life?

What do *you* see as the greatest strength in your marriage?

What do *you* see as the greatest challenge in your marriage?

If *anything* is possible, what do you want for your marriage going forward?

Anything else you would like me to know? Questions or Concerns?