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Client Intake Questionnaire (Couples)

Name _____ Date _____

Why do you think you are having relationship difficulties? _____

What do you think needs to happen to fix these problems? _____

What are three positive character traits that you love about your partner? _____

What are three negative character traits that you don't like about your partner? _____

In what ways do you think your partner needs to change to help your relationship? _____

In what ways do you think **you** need to change to help your relationship? _____

