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Couples Counseling Snapshot

Your name _____ Date _____

This is my _____ (1st, 2nd, 3rd or more) committed relationship/marriage.

We have known each other for _____ months/years.

We have been committed/married for _____ months/years.

List all children you have/share (names and ages) : _____

What is the main reason you are coming with your partner for counseling?

Major challenges of the relationship? _____

Major strengths of the relationship? _____

How would you describe your partner? _____

How would your partner describe you? _____

How do you sabotage your relationship with your partner?

Have you or your partner had an affair during this relationship? _____

If yes, does the partner know? _____ Have all ties since been severed? _____

Do you or your partner have any known addictions? _____

If so, please describe _____

Is there or has there been emotional/mental violence in your relationship? _____

If so, describe _____

Is there or has there been physical or sexual violence in your relationship? _____

If so, describe _____

