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Couples Information Form

Problem Description and History

How long have you been in the current relationship? _____

How and under what circumstances did you meet each other? _____

What are the strengths in your current relationship? _____

What are the present concerns or problems in the relationship? _____

What help have you sought for the relationship? When, where, how? _____

Are you currently working with any other therapists? ____ If yes, give names, phone numbers and length of time. _____

How do you nurture the relationship? _____

How do you express and receive affection in your relationship? _____

How often do you make love with each other? _____

Has there ever been any violence in your relationship? _____

If so, please describe _____

Have there been any separations in your relationship? _____
If so, please describe _____

What is your goal for the relationship in making this appointment? _____

