The Eartheart Institute

4307 S Leonard Springs Road • Bloomington IN 47403 • 812-825-3704 • Info@CenterThrive.com
CenterThrive.com • JoyPotential.com
Facebook.com/ThrivingRelationships • Facebook.com/YourJoyPotential

Relationship Information Form

Name: **Date:**

Spouse/Significant Other:

Relationship status (dating, engaged, domestic partnership, married, etc.):

How long have you and your beloved been together?:

Years together: Years Married:

Children's names and ages:

Children with your current beloved:

Children with previous partner(s):

Children your beloved had with previous partner(s):

Why are you seeking services?

Have you had any past experience with counseling or coaching, individually or together?
If so, please describe.

What do you see as your biggest challenge in your relationship?

Regarding your CURRENT RELATIONSHIP: In your perspective, which of these relationship poisons show up or have shown up in the past?

PLEASE NOTE **Past refers to this relationship that your are presently in; it simply means the behavior happened before, but is not longer occurring. Do not consider any past relationships here.*

Behavior	Current *Self*	Current *Partner*	Past *Self*	Past *Partner*
Blame	☐	☐	☐	☐
Criticism	☐	☐	☐	☐
Affairs	☐	☐	☐	☐
Secrets	☐	☐	☐	☐
Addictions	☐	☐	☐	☐
Resentment	☐	☐	☐	☐
Name-calling	☐	☐	☐	☐
Defensiveness	☐	☐	☐	☐
Shaming	☐	☐	☐	☐
Physical Violence	☐	☐	☐	☐
Verbal Aggression	☐	☐	☐	☐
Silent Treatment	☐	☐	☐	☐

What are your favorite parts of your relationship?

What do you want more of in your relationship?

What gets in the way of having this?

What do you want less of in your relationship?

What was the relationship of your parents like?

Briefly describe any past major relationships and why they ended.

On a scale of 1-10, how fulfilled do you feel in each of these areas in your life?
(1= unfulfilled, 10= deeply fulfilled)

Work -	Purpose -	Adventure -
Security -	Growth -	Social connections outside your relationship -
Family -	Being accepted by your beloved -	Encouragement and support from your beloved -
Feeling like a priority to your beloved -	Sexuality -	Health -

Do you or your family members have any history with mental illness? If so, please describe.

Are you currently on any medications? If so, please list them and what they are prescribed for.

Special Interests/Requests:

Counseling/Coaching ☐ Reiki ☐ Hypnotherapy ☐ EMDR ☐ Subconscious Reimprinting ☐

EFT (Emotional Freedom Technique) ☐ MindfulnessMeditation ☐ Not Sure/ Curious:

Is there anything you'd like for us to know about you so that we can best serve and support you?