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CFGC Couples Intake page 2

G. What are the strengths of your spouse/partner?

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H. Have you ever been physically, sexually, or emotionally abused? \_\_\_ Yes \_\_\_ No If yes, please describe

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I. Describe any concerns regarding sexual or emotional intimacy with your spouse/partner?

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J. How committed are you to making your marriage/relationship work?

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K. What changes are you willing to make for the sake of your marriage?

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L. What one change do you most wish that your spouse/partner would make? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M. Please list any information that you believe will be helpful for your therapist to know. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_