Tango & Co.

Therapy

Where resilience and connection grow

Couples & Relationship Intake Form

Tango & Co. Therapy | Carrie Soto Erickson, MS, LMFT

All information provided is strictly confidential and protected under HIPAA and Washington State law (RCW 70.02).

This form is designed for couples, partners, and individuals seeking relationship therapy — including romantic partnerships, marital relationships, committed partnerships of all kinds, and relationship transitions. Please complete together or separately as you prefer. Carrie S. Erickson, LMFT provides affirming care for all relationship structures and identities.

Partner 1 — Contact Information

Full Legal Name: _____ **Preferred Name:** _____

Pronouns: _____ **Date of Birth:** _____

Phone: _____ **Email:** _____

Best way to reach you: _____ **Occupation:** _____

Partner 2 — Contact Information

Full Legal Name: _____ **Preferred Name:** _____

Pronouns: _____ **Date of Birth:** _____

Phone: _____ **Email:** _____

Best way to reach you: _____ **Occupation:** _____

About Your Relationship

Relationship structure:

- ☐ Monogamous partnership
- ☐ Married
- ☐ Domestic partners
- ☐ Ethically non-monogamous / polyamorous
- ☐ Long-distance
- ☐ Co-parenting relationship
- ☐ Other — please describe below

If other, please describe your relationship structure:

How long have you been together?

Do you live together?

☐ Yes ☐ No

Are you engaged or married?

If married, how long?

☐ Yes ☐ No

Have either of you been in couples or relationship therapy before?

☐ Yes ☐ No

If yes, with whom and when?

Is either partner currently in individual therapy?

☐ Yes ☐ No

If yes, please provide the therapist's name (so Carrie S. Erickson, LMFT may coordinate care if needed):

What Brings You to Therapy?

You may answer together or each partner may answer separately in the spaces below. All perspectives are valid and welcomed.

Partner 1 — In your own words, what is bringing you to therapy at this time?

Partner 2 — In your own words, what is bringing you to therapy at this time?

How long have the main concerns been present?

- ☐ Just recently (weeks)
- ☐ A few months
- ☐ 6–12 months
- ☐ 1–2 years
- ☐ Several years
- ☐ Since the beginning of the relationship

What has already been tried to address these concerns? (conversations, other therapy, books, etc.)

Has there been any physical, emotional, or verbal aggression or abuse in the relationship?

- ☐ Yes
- ☐ No

If yes, please describe (this helps ensure the safety and appropriateness of conjoint therapy):

Your Goals for Relationship Therapy

Understanding what each partner hopes to accomplish helps Carrie S. Erickson, LMFT shape treatment around your shared and individual needs.

Partner 1 — What would you most like to change, heal, or grow in this relationship?

Partner 2 — What would you most like to change, heal, or grow in this relationship?

What would your relationship look, feel, or function like if therapy were successful?

Which of the following would you like to work on? (Check all that apply)

- ☐ Communication & conflict resolution
- ☐ Rebuilding trust after a breach
- ☐ Intimacy & emotional connection
- ☐ Physical / sexual intimacy
- ☐ Parenting differences
- ☐ Extended family / in-law dynamics
- ☐ Financial stress & disagreements
- ☐ Major life transitions
- ☐ Separation or divorce support
- ☐ Pre-marital preparation
- ☐ Recovering from an affair or betrayal
- ☐ Grief or loss together
- ☐ Navigating cultural or religious differences
- ☐ Identity changes (gender, sexuality, health)
- ☐ Improving daily communication
- ☐ Deciding whether to stay together

Is there anything you are NOT hoping to address in therapy, or boundaries you'd like to set?

Relationship Strengths & History

What first brought you together? What do you love or admire most about your partner?

What are the greatest strengths of your relationship?

Describe a time your relationship felt especially strong or connected:

What has been the most difficult period in your relationship and how did you get through it?

Individual Background (Complete Separately)

The questions below ask each partner to reflect individually. You may complete them together or privately — whichever feels right for you.

Partner 1 — Individual History

Partner 1: Briefly describe your family of origin and how it shapes your relationship patterns today:

Partner 1: Have you previously received individual therapy or mental health support?

☐ Yes ☐ No

If yes, please describe:

Partner 1: Family history of any of the following? Check all that apply:

☐ Substance use ☐ Anxiety / Depression ☐ Domestic violence

☐ Divorce / separation ☐ Trauma / PTSD ☐ Other mental health conditions

Partner 1: Is there anything in your personal history you feel is important for Carrie S. Erickson, LMFT to know?

Partner 2 — Individual History

Partner 2: Briefly describe your family of origin and how it shapes your relationship patterns today:

Partner 2: Have you previously received individual therapy or mental health support?

☐ Yes ☐ No

If yes, please describe:

Partner 2: Family history of any of the following? Check all that apply:

☐ Substance use ☐ Anxiety / Depression ☐ Domestic violence

☐ Divorce / separation ☐ Trauma / PTSD ☐ Other mental health conditions

Partner 2: Is there anything in your personal history you feel is important for Carrie S. Erickson, LMFT to know?

Health Information (Both Partners)

Partner 1 — Current medications, mental/physical health conditions:

Partner 2 — Current medications, mental/physical health conditions:

Is either partner currently experiencing a mental health crisis or safety concern?

☐ Yes ☐ No

If yes, please describe:

Is there anything else Carrie S. Erickson, LMFT should know before your first session?

Identity & Cultural Background (Optional)

Tango & Co. Therapy affirms and celebrates all identities, relationship structures, cultural backgrounds, and belief systems. Sharing this information is entirely optional and helps provide the most relevant, culturally responsive care.

	Partner 1	Partner 2
Racial / Ethnic Identity:		
Gender Identity:		
Sexual Orientation:		
Primary Language(s):		
Spiritual / Religious / Cultural background:		