



PSYCHITECTURE
BY RACHEL MELVALD

PSYCHITECTURE INTAKE FORM COUPLES INTAKE FORM

Name: _____

Date: _____

Name of Partner: _____

Relationship Status: (check all that apply)

Married Separated Divorced Dating Cohabiting Living together Living apart

Length of time in current relationship: _____

As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in time?

Concern:

- No concern
- Little concern
- Moderate concern
- Serious concern
- Very serious concern

What do you hope to accomplish through counseling?

Frequency

- No occurrence
- Occurs rarely
- Occurs sometimes
- Occurs frequently
- Occurs nearly always

What have you already done to deal with the difficulties?

What are your biggest strengths as a couple?

Please rate your current level of relationship happiness by circling the number that corresponds with your current feelings about the relationship.

1 2 3 4 5 6 7 8 9 10

(extremely unhappy) (extremely happy)

Please make at least one suggestion as to something you could personally do to improve the relationship regardless of what your partner does.

Have you received prior couples counseling related to any of the above problems? Yes No

If yes, when: _____ Where: _____

By whom: _____ Length of treatment: _____

Problems treated:

What was the outcome (check one)?

Very successful Somewhat successful Stayed the same

Somewhat worse Much worse

Have either you or your partner been in individual counseling before? Yes No If so, give a brief summary of concerns that you addressed.

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication?

If yes for either, who, how often and what drugs or alcohol?

Have either you or your partner struck, physically restrained, used violence against or injured the other person?

If yes for either, who, how often and what happened.

Has either of you threatened to separate or divorce (if married) as a result of the current relationship problems?

If yes, who? ___ Me ___ Partner ___ Both of us

If married, have either you or your partner consulted with a lawyer about divorce?

If yes, who? ___ Me ___ Partner ___ Both of us

Do you perceive that either you or your partner has withdrawn from the relationship?

If yes, which of you has withdrawn? ___ Me ___ Partner ___ Both of us

How frequently have you had sexual relations during the last month? ___ times

How enjoyable is your sexual relationship? (Circle one)

1 2 3 4 5 6 7 8 9 10

(extremely unpleasant) (extremely pleasant)

How satisfied are you with the frequency of your sexual relations? (Circle one)

1 2 3 4 5 6 7 8 9 10

(extremely unsatisfied) (extremely satisfied)

What is your current level of stress (overall)? (Circle one)

1 2 3 4 5 6 7 8 9 10

(no stress) (high stress)

What is your current level of stress (in the relationship)? (Circle one)

1 2 3 4 5 6 7 8 9 10

(no stress) (high stress)

Rank order the top three concerns that you have in your relationship with your partner (1 being the most problematic):

1. _____
2. _____
3. _____

Lastly, please draw a graph indicating your level of relationship satisfaction beginning with when you met your partner. Note pivotal/significant events in your relationship (e.g., one of you moved out, one of you cheated).

Complete satisfaction

No satisfaction

When you met/began dating

Relationship over time



PSYCHITECTURE ASSESSMENT

INDIVIDUAL DESIGN DEVELOPMENTAL HISTORY

DEVELOPMENTAL HISTORY OF PLACE

Timeline of houses you have lived in:

1. YOUR FAVORITE PLACE-

Where?

Who else was there?

WHAT WERE THE DESIGN ELEMENTS- wood, stone, plants, fabrics, colors

QUALITY OF THE SPACE- Open/Closed

WHAT WERE THE FEELINGS YOU EXPERIENCED WHEN YOU WERE THERE:

2. WHAT STANDS OUT IN YOUR MEMORY OF YOUR CHILDHOOD HOME

3. WHAT IS YOUR FAVORITE ARCHITECTURAL DESIGN-Modern midcentury, spanish style?

4. PLEASE LIST 5 OBJECTS AND YOUR FEELINGS CONNECTED TO THEM



PSYCHITECTURE

BY RACHEL MELVALD

PSYCHITECTURE ASSESSMENT
COUPLES DESIGN ASSESSMENT

WHO DECIDED TO BUY THE HOUSE - Was it joint or motivated more by one of you?

WHAT IS THE ARCHITECTURAL STYLE OF YOUR PROPOSED NEW HOME- new real estate, architectural plans, remodel?

HOW DID YOU COME TO THIS DECISION?

HOW DID YOU CHOSE CONTRACTOR, ARCHITECT?

WHO PLAYS THE MORE DOMINANT ROLE IN DESIGN DECISIONS?

WHO PLAYS THE MORE DOMINANT ROLE IN BUDGET DECISIONS?

WHAT IS IMPORTANT TO YOU IN YOUR NEW HOME IN TERMS OF SPACE:

WHAT IS IMPORTANT TO IN YOUR NEW HOME IN TERMS OF COLOR:

WHAT IS IMPORTANT TO IN YOUR NEW HOME IN TERMS OF DESIGN ELEMENTS:

DO YOU HAVE CHILDREN/EXTENDED FAMILY TO CONSIDER, GUEST NEEDS?

WHAT ROOMS IN YOUR HOME WILL YOU LIVE IN THE MOST?

WHAT ARE YOUR NEEDS FOR LIGHTING?

IS NATURE IMPORTANT TO YOU BOTH OF YOU?

ARE ONE OF YOU OR BOTH OF YOU AN ART ENTHUSIAST?

Thank you for completing this. Please bring this with you during your first appointment. Please note that you will be asked to talk about your answers in sessions but your partner will not be shown this form.