

## WELCOME TO Reflections and Self Growth

Thank you for choosing us to be a part of your wellness journey. Please take a few moments to provide us with some information that will help us understand your needs better.

### RELATIONSHIP'S BEGINNINGS

Describe the circumstances and place where you first met.

Share the qualities and characteristics in your partner that initially attracted you to them.

Recount the significant moments and decisions that led to your commitment to each other.

Please rate your agreement with the following statements on a scale from 1 to 10, where 1 represents strong disagreement and 10 indicates strong agreement.

We effectively communicate and listen to each other.	Communication					
We resolve conflicts in a respectful and empathetic manner.	Resolving confl...					
We feel emotionally connected and supportive of each other.	Connection					
Our intimacy and affection are satisfying.	Satisfaction					
We share common goals and values in our relationship.	Goal Sharing					
		0%	25%	50%	75%	100%

### RELATIONSHIP INSIGHTS

Describe any significant challenges or hurdles that have arisen during your time together.

Identify one aspect of your life or behavior that you would like to improve within the context of this relationship.

Share one positive change you believe would benefit your partner and enhance the quality of your partnership.

Envision the direction you hope your partnership will take after counseling. Outline the areas of growth.

### IMPACTFUL MOMENTS

Have you both faced any significant life challenges or experienced losses together? If you're comfortable, please select the options that reflect your shared experiences, and don't hesitate to share any other relevant details not included:

- |  |  |
|--|--|
| <input type="checkbox"/> Financial Hardships       | <input type="checkbox"/> Stressful Life Transitions    |
| <input type="checkbox"/> Serious Health Challenges | <input type="checkbox"/> Diversity-Related Challenges  |
| <input type="checkbox"/> Family Conflict           | <input type="checkbox"/> Personal Growth Difficulties  |
| <input type="checkbox"/> Loss or Grief             | <input type="checkbox"/> Community Disruption          |
| <input type="checkbox"/> Accommodation Challenges  | <input type="checkbox"/> Lack of Adventure             |
| <input type="checkbox"/> Educational Struggles     | <input type="checkbox"/> Imbalance in Responsibilities |
| <input type="checkbox"/> Loss of Social Support    | <input type="checkbox"/> Resilience Building           |
| <input type="checkbox"/> Other:                    |  |

Share life events, whether joyful or challenging, that have significantly shaped your shared journey.

## AREAS OF FOCUS ON OUR JOURNEY

Consider the aspects below that many couples explore to enrich their partnership:

- Enhancing communication to promote mutual understanding
  - Strengthening listening skills to acknowledge each other's perspectives
  - Nurturing respect and admiration within the partnership
  - Developing strategies for conflict resolution with empathy and equanimity
  - Reigniting love and compassion in daily interactions
  - Cultivating emotional and physical intimacy within the relationship
  - Enhancing parenting skills through informed guidance (if applicable)
  - Is there any other aspect of your relationship you'd like to explore?
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## PREVIOUS WELLNESS EXPERIENCE

Have you participated in therapy, counseling, coaching, or any other wellness practices before? If yes, please briefly describe your experiences.

## UNIQUE NEEDS & PREFERENCES

Do you have any specific preferences or requirements for your therapy experience? (e.g., cultural considerations, therapeutic approach, etc.)

## WELLNESS SIGNATURE

By signing below, you acknowledge that you are taking an active step towards your well-being and agree to collaborate with us on your journey to growth and healing.

Signature:

Date: