Marital Counseling Initial Intake Form Insight for Wellness Center

Name]	Date		·
		nting your level of events in your		action begin	ning with who	en you met
Complete satis	faction					
No satisfaction	ı					
			Relationship over ti	me		
		-				
		vel of marital ha		ling the nun	nber which co	rresponds with
0	1	2	3	4	5	6
Extemely Unhappy	Fairly Unhappy	A Little Unhappy	Нарру	Very Happy	Extremely Happy	Perfect

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

Marital Counseling Initial Intake Form

1.	Have you ever been to counseling as a result of problems with this relationship prior to today? If so, what was the outcome of that counseling?							
2.	Has either you or your partner been in individual counseling before? If so, give a brief summary							
3.	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?							
4.	Have either you or your partner struck, physically restrained, used violence against or injured the other person within the last three years? If yes for either, who, how often and what happened							
5.	Has either of you threatened to separate or divorce as a result of the current marital problems?							
6.	Has either you or your partner consulted with a lawyer about divorce? If yes, who?							
7.	Do you perceive that either you or your partner has withdrawn from the marriage? If yes, which of you has withdrawn?							
8.	How frequently have you had sexual relations during the last month?times							
9.	How enjoyable is your sexual relationship? (Circle one) Terrible More unpleasant Not pleasant, More pleasant Great than pleasant not unpleasant than unpleasant							
10.	How satisfied are you with the frequency of your sexual relations? (Circle one) Way too often A bit too About right A bit too Way to seldom to to suit me often to seldom to suit me suit me							
11.	What is your current level of stress? (Circle one) Very high High Moderate Low Very low Extremely low Extremely high							
12.	To what degree do you have family or friends that support you as a couple? (Circle one) Extremely high Very high High Moderate Low Very low Extremely low							
13.	To what degree do the two of you share a similar basic worldview? (Circle one) Extremely high Very high High Moderate Low Very low Extremely low							