

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 of 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 Do you perceive that either you or your partner has withdrawn from the marriage?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If yes, which of you has withdrawn?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 sex/intimacy 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 sex life? (circle one)
Way too often A bit too often About right A bit too seldom Way too seldom
to suit me to suit me to suit me to suit me to suit me
11. What is your current level of stress? (circle one)
Extremely high Very high High Moderate Low Very low Extremely low
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

