



## Marital Counseling Initial Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Please draw a graph indicating your level of marital satisfaction beginning with when you met your partner. Note *pivotal events* in your relationship.

Complete satisfaction

No satisfaction

Relationship over time

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

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	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.

