



## 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
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy

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

---

---

---

