

**OLIVE BRANCH PSYCHOTHERAPY**

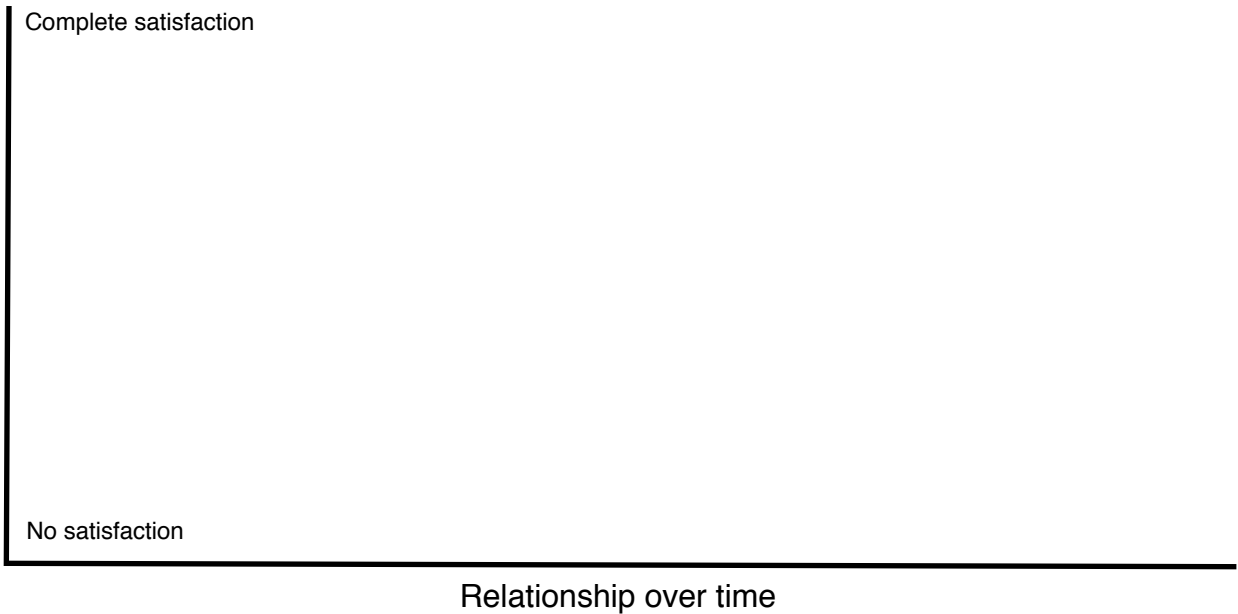
*Dr. Stephen R. Parrish DMFT, LCPC*

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**MARITAL COUNSELING INITIAL INTAKE**

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

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



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

Perfect      Extremely      Very      Satisfied      Occasionally      Rarely      Extremely

                         Happy                           Happy                           Satisfied                           Satisfied                           Satisfied                           Unhappy

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

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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 Do you perceive that either you or your partner has withdrawn from the marriage? \_\_\_\_\_ If yes, which of you has withdrawn?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)

0-----1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6

Terrific!    Very Enjoyable    Very Nice    Comfortable    Just short of satisfying    More unpleasant Than pleasant    Terrible!

10. How satisfied are you with the frequency of your sexual relations? (Circle one)

0-----1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6

Far too often for me    A bit too often for me    I can be ok with this    I am Satisfied    I desire frequency    I feel frustrated    I feel angry and hurt

11. What is your current level of stress? (Circle one)

0-----1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6

Extremely low    Very low    Low    Moderate    High    Very high    Extremely high

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12. To what degree do you have family or friends that support you as a couple? (Circle one)

0-----1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6  
Extremely low   Very low        Low            Moderate        High            Very high        Extremely high

13. To what degree do the two of you share a similar basic worldview? (Circle one)

0-----1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6  
Extremely low   Very low        Low            Moderate        High            Very high        Extremely high