

# Marital and Relationship Intake Checklist

**Client's Name:**

**Date Completed:**

(Month) (Day) (Year)

**Spouse / Significant Other Name:**

**Length of Relationship:**

**Please list any *previous* marriages and length of marriage(s) if applicable:**

**Please rate your level of satisfaction within your present marriage / relationship:**

**Low**    1    2    3    4    5    6    7    8    9    10    **High**

**Please list any children you have and their ages:**

**Please describe your current living environment including anyone who lives in the home:**

**What do you perceive is the biggest obstacle within the relationship?**

**Please list areas of motivation to address relationship issues at this point:**

**Please check ALL factors listed below that negatively impact your current relationship:**

Communication issues

Extended family relationship issues

Health problems

Trust issues

Immediate family relationship issues

Employment problems

History or current infidelity

History or current legal issues

Financial issues

Use of pornographic materials

History or current abuse behaviors

Individual mental health issues

Child rearing problems

Drug / Alcohol problems

Other:

**Please provide any additional information you believe is needed for the counseling process regarding any item you checked:**