

Premarital Intake Form

This information will be held under confidentiality laws.

Date: _____

Name: _____ DOB _____

Male___ Female___ Referred by: _____ Age: _____

Occupation: _____

Address _____

Home phone: _____

Work phone: _____

Cell phone: _____ Can I leave a message? _____

Email: _____

Employed at:

Current Relationship status: Seriously Dating ___ Engaged ___ Common law marriage___

How long have you been together:

If engaged, how long have you been engaged? _____

How long have you known your fiancé? _____

How many times have you been engaged? _____

Have you ever been married before? _____

Current Household Family: Do you have children?

If yes, provide information regarding names, ages, living with,

Biological / adopted / stepchild

Family-of-Origin _____

Mothers Age: _____ If deceased, how old were you when she died? _____

Father's Age: _____ If deceased, how old were you when he died? _____

Number of Brothers: _____ Their ages: _____

Number of sisters: _____ Their ages: _____

Briefly describe your relationship with your father:

Briefly describe your relationship with your mother:

List family members with mental health issues:

List family members with serious medical concerns:

Educational Background:

GED _____ HS Diploma _____ Associate's/Technical Degree _____ bachelor's

degree _____ Post-Graduate Degree _____ Other _____

If degree applies, please specify major _____

Religious / Spiritual Background:

Were you affiliated with any church / religion growing up? Yes, ____ No ____

What Church or Religion? _____

THINK AND LIVE WELL COUNSELING SERVICES

Are you currently affiliated with or attending a church/religion now? Yes, ____ No____

What Church or Religion? _____

Describe your religious upbringing?

Describe your current relationship with God:

What differences / similarities have you discussed concerning religion / spirituality?

Medical history:

Do you have any significant health/medical issues?

If yes what is/are the health issue(s) and are you limited in any way?

Counseling History: Have you attended counseling previously? Yes, ____ No____

THINK AND LIVE WELL COUNSELING SERVICES

Are you currently in therapy or counseling with anyone? Yes, ___ No___

Whom _____

Where _____

How long _____

Reason _____

Describe the experience

When _____ Where: _____

Reason: _____

Are you currently taking any psychotropic medications? Yes, ___ No___

(Specify current & past meds)

Have you ever attempted suicide? Yes, ___ No___

If yes, when? _____ How many times?

THINK AND LIVE WELL COUNSELING SERVICES

Have you recently had thoughts of suicide? Yes, ___ No___

How or what did you plan to do?

What were the circumstances at the time?

Please specifies the topics or concerns you wish to discuss during premarital counseling:

What are your goals for premarital counseling?

What concerns do you hope to resolve by the time you get married?

What concerns do you believe you have already resolved?

Have you had major hesitations about getting married? Yes No

If so, why? Emergency Contact Information

Name _____ Relationship_____

Phone _____