HIGHER HEIGHTS COUNSELING
PREMARITAL INTAKE FORM

IDENTIFICATION INFORMATION:

Name: _____ Phone: _____

Address: _____City_____Zip_____

Email: _____ May we contact you and/or send personal information to this email? [ ] Yes [ ] No Sex: [ ] Male [ ] Female Birth date _____Age: _____

Occupation: _____Bus. Phone: _____

Education: (last year completed): _____ Currently attending school / college? [ ] Yes [ ] No

If yes, pursuing degree in:_____ Expected completion date:_____

Other Training: (list type and number of years): _____

Referred to counseling by: _____

Emergency Contact: _____ _____ _____
Name **Phone Number** **Relationship**

HEALTH INFORMATION:

Rate your health: [ ] Very Good [ ] Good [ ] Average [ ] Declining

[ ] Other (explain): _____

Recent changes in weight: [ ] Lost [ ] Gained How much: _____

List all important present or past illnesses or injuries or handicaps:

_____

_____

Date of last medical examination: _____ Report Results: _____

Your doctor(s) name: _____ Phone: _____

Doctor's Address: _____

Are you presently taking medication? [ ] Yes [ ] No

If yes, what medication do you take and for what purpose:

Medicine: _____ Purpose: _____

_____ _____

_____ _____

Have you used drugs for other than medical purposes? [ ] Yes [ ] No

If yes, what drugs and purpose:

Drug: _____ Purpose: _____

_____ _____

Daily_____ Weekly _____ Monthly _____ Infrequent_____

Have you ever had a life changing, stress event or severe emotional upset with the last two years? [ ] Yes [ ] No If yes, explain: _____

_____

_____

Are you willing to sign a release of information form so that your counselor may obtain your social, psychiatric, or medical reports? [ ] Yes [ ] No

COGNITIVE ORIENTATION:

Do you believe in God? [ ] Yes [ ] No [ ] Not sure

Are you saved? [ ] Yes [ ] No [ ] Not sure

Do you consider yourself a religious person? [ ] Yes [ ] No [ ] Not sure

Briefly explain the foundation for your belief system _____

_____

_____

_____

PERSONALITY:

Have you ever had any psychotherapy or counseling before? [ ] Yes [ ] No

If yes, list the counselor or therapists name and dates of counseling:

Counselor/Agency	**Dates of Counseling**	**Outcome**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle any of the following words that best describe you now:

Active Ambitious Self-Confident Persistent Nervous Good-Natured Angry Hardworking
Impatient Impulsive Moody Often-Blue Calm Excitable Imaginative Easy-Going
Submissive Leader Self-Conscious Introvert Extrovert Hard-Boiled Likeable Frustrated
Quiet Withdrawn Lonely Sensitive Controlling Serious Shy Other: _____

PREMARITAL RELATIONSHIP INFORMATION:

Fiancé/Other: _____Age: _____Phone: _____

Education _____ Occupation: _____ Employed [ ] Yes [ ] No

Length on job: _____ Religious Belief: _____Do you share the same belief system?

[ ] Yes [ ] No Not Sure [ ] Briefly explain: _____

Wedding Date: _____ How long have you known each other before engaged? _____

Length of engagement?_____ Are you currently living together? [ ] Yes [ ] No If so, how long? _____

Was the house / apt yours or your fiancé prior to living together? [ ] Yes [ ] No If so, whose?_____

Do you have plans / desires to change your living arrangement after married? [ ] Yes [ ] No If yes, what are your plans _____

Do you believe you and fiancé have good communication practices? [ ] Yes [ ] No If no, briefly explain:

_____

Briefly describe how you resolve conflict: _____

_____

Do you and your spouse have a good or working financial practice? [ ] Yes [ ] No If no, briefly explain:

_____

What would you say is your fiancé most important desire and/or concern: _____

_____

What's most important to you in relationship? _____

_____

What would you say is the Primary Role(s) of the husband? _____

_____

What would you say is the Primary Role(s) of the wife? _____

_____

What would you say is <u>one</u> attribute of your fiancé (e) that you appreciate and why? _____

_____

What would you say is <u>one</u> of the primary strengths within your relationship and why? _____

_____

How would rate your relationship of a scale 1-10, 10 being above average: _____ Briefly explain your response_____

Is there any other pertinent information about your relationship that you believe will be helpful for me to know, if so please explain?_____

_____

PREVIOUS MARRIAGE

Is this your first marriage? [ ] Yes [ ] No If no, what number is this marriage? _____

How did your previous marriage end? Divorce _____ Widow/Widower _____

How long were you married? _____ What was the contributing factor(s) to your divorce _____

_____

_____

CHILDREN & FAMILY

Do you have children: [ ] Yes [ ] No

If no, do you want children [ ] Yes [ ] No **If yes**, do you more children [ ] Yes [ ] No

Information about current children:

*PM	NAME	AGE	SEX	LIVING? YES	NO	EDUCATION Level	Indicate if the child adds to or deplete the positive energy in your home or family construct

*PM = Check this column if child is from a prior marriage or relationship

Is there anything else that we should know about your children?

_____

_____

FAMILY INFORMATION

If you were raised by anyone other than your own parents, briefly explain:

_____

_____

How many older siblings? Brothers? _____ Sisters? _____ All living? [ ] Yes [ ] No

How many younger siblings? Brothers? _____ Sisters? _____ All living ? [ ] Yes [ ] No

Family Dynamics	Your childhood relationship was: Good, Bad, Non-existing, Up & down, Other	Your Adult Relationship is: Good, Bad, Non-existing, Up & down, Other	Living Yes or No	Transitioned Date
Mom				
Dad				
Siblings				
Siblings				
Siblings				
Siblings				
Other				

Is there anything else that we should know about your family?

_____

_____

OTHER PERTINENT INFORMATION:

Fiancés Income: ___ $10k -$30k, ___$30k-$50k, ___$50k-$70k, ___ $70k-up

Your Income: ___ $10k -$30k, ___$30k-$50k, ___$50k-$70k,___ $70k-up

Are you content or satisfied with your place of work? [ ] Yes [ ] No

Have you considered making a change in your employment/career? [ ] Yes [ ] If so, what would it take to do so?_____

Do you believe it's obtainable in the near future? [ ] Yes [ ] If not, why _____

_____

Do you feel good about the direction your life is headed? [ ] Yes [ ] No If no, briefly explain: _____

_____

Do you feel good about yourself? [ ] Yes [ ] No If no, briefly explain: _____

_____

Do you have any lingering regrets? [ ] Yes [ ] No If yes, briefly explain: _____

_____

Please share anything else you feel is pertinent:_____

_____

CURRENT EVENT INFORMATION:

What prompted you to seek premarital counseling?

_____

_____

Are you currently experiencing overwhelming sadness, grief or depression? [ ] Yes [ ] No

If yes, for how long? _____ Briefly explained: _____

_____

Are you currently experiencing anxiety, panic attacks, or have phobias? [ ] Yes [ ] No
If yes, for how long? _____ Briefly explained: _____

_____

Are you currently experiencing any chronic pain? [ ] Yes [ ] No

If yes, for how long? _____ Please describe: _____

_____

Do you drink alcohol more than once a week? [ ] Yes [ ] No If yes, how frequent? _____

Daily____ Weekly____ Monthly____ Infrequent _____

What would you like to accomplish out of your time in therapy?_____

_____

_____

What counseling framework do you prefer?

Clinical _____ Biblical _____ Integration _____ Spiritual _____ Other_____ Please Specify,

_____

SUBMIT