



HIGHER HEIGHTS COUNSELING SERVICES, LLC

"Equipping Individuals, Couples, and Families Soar to Unlimited Possibilities"

HIGHER HEIGHTS COUNSELING PREMARITAL INTAKE FORM

IDENTIFICATION INFORMATION:

Name: _____ Phone: _____

Address: _____

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: _____

If necessary, are you willing to sign a release of information form for your social, mental, or medical records? Yes No



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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: _____

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 _____

Do you attend Church regularly? Yes No Not sure

Do you pray to God Yes No Not sure

If yes, how often? Often Occasionally

PERSONALITY:

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

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

<u>Counselor/Agency</u>	<u>Dates of Counseling</u>	<u>Outcome</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Daily_____ Weekly_____ Monthly_____ Infrequent_____



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

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Introvert Extrovert Hard-Boiled Likeable Quiet Withdrawn Controlling Other: _____

PERTINENT INFORMATION:

Do you have problems sleeping? Yes No
How many hours of sleep do you get per night? _____
Do you now or ever had suicidal thoughts Yes No
If yes, when did they begin? _____ How often? _____
Have you ever attempted suicide? Yes No If yes, when _____
Have you ever felt people were watching you? Yes No

Prior Marriage:

Have you been married before? Yes No
Have you been separated before? Yes No
Have you ever been divorced? Yes No If yes, how long were you married? _____
How long did you know your previous spouse? _____
How old were you when you were first married? _____

ENGAGEMENT AND FAMILY INFORMATION:

Fiancé (e) Name: _____ Age _____ Phone: _____
Education _____ Employed Yes No Occupation _____
How long have you known your fiancé e) _____ How long did you date before engagement: _____
How long have you been engaged: _____ Do you believe you are principled compatible: Yes No
If yes, briefly explain: _____

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

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

Do you have children: Yes No
If no, do you want children Yes No **If yes**, do you more children Yes No



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Information about children:

*PM	NAME	AGE	SEX	LIVING?		EDUCATION Level	Indicate the child normal mood? Easy- going, Happy, Angry, etc.
				YES	NO		

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

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

Immediate Family Information

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

How many older siblings? Brothers? _____ Sisters? _____

How many younger siblings? Brothers? _____ Sisters? _____

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

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



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

CURRENT EVENT INFORMATION:

What are your current living arrangements? Parent(s) _____ Alone _____ Roommate _____

Significant Other _____ Other _____

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

Do you have any broken relationships? Yes No If yes, briefly explain: _____

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

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

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

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: _____

What recent event prompted you to seek counseling? _____

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, _____