



Paperwork for Pre-Marital Counseling

Date: _____

Your completion of the questionnaire will be helpful in providing us information about you and your betrothed. Please answer each item. Ask for clarification from your therapist if you do not understand.

Thank you.

Name: _____ Age: _____ Date of Birth: _____

Address: _____

How long have you dated?: _____ How were you referred? _____

Wedding date: _____ Have you been married before? _____

Occupation: _____ Employer: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email: _____ Best time/method to reach you: _____

Have you had any type of counseling before? (Please list when, with whom and for what?)

Was it successful? Why or why not? _____

Provide information about your family:

Family member	Name	Age	Occupation	Your Relationship/connection? None/healthy/unhealthy/close/ deceased/occasional/estranged
Parent(s)				
Sibling(s)				
Partner				
Child(ren)				
Other				

Who lives in your home/household currently? _____

Any significant health issues for either of you?

What goals do you have for these premarital sessions? _____

My family has a history of (circle any/all that apply):

- | | | | |
|------------------------|--------------------|-------------------------|-------------------------|
| Counseling | Poor Communication | Numerous losses | Trauma |
| Abuse | Eating Disorders | Military/frequent moves | Divorce |
| Alcohol or Drug issues | Suicide | Legal issues | Estrangement |
| Depression | Hospitalization | Adoption | Disability/chronic pain |

Mark those that are true:

- | | |
|---|---|
| <input type="checkbox"/> My parents are divorced/separated | <input type="checkbox"/> My relationship with my family is satisfactory |
| <input type="checkbox"/> The family I grew up in supports this marriage | <input type="checkbox"/> My social/dating life is satisfactory |
| <input type="checkbox"/> I have close friends I can talk to about my personal problems, besides my fiancé/fiancée | |
| <input type="checkbox"/> There are sexual concerns I would like to discuss | <input type="checkbox"/> I have had an unwanted sexual experience |
| <input type="checkbox"/> I do not handle stress well | <input type="checkbox"/> I have difficulty expressing my emotions |
| <input type="checkbox"/> I often get extremely angry | <input type="checkbox"/> At times I have acted in a violent manner |
| <input type="checkbox"/> I have difficulty communicating what I need | <input type="checkbox"/> We don't agree on financial decisions/issues |
| <input type="checkbox"/> We have similar faith/spiritual backgrounds | <input type="checkbox"/> We agree about our plans for (future) children |
| <input type="checkbox"/> I have suffered a recent (circle): Death Job loss Relationship ending Dramatic change in health other | |
| <input type="checkbox"/> I have felt like harming myself. Explain: _____ | |
| <input type="checkbox"/> I have felt like harming someone else. Explain: _____ | |

When is the best time for you to attend pre-marital sessions (day of the week and time(s)): _____

Any other information you feel would be important to our sessions?

Therapist Signature

Client/responsible party signature