



## Premartial Counseling Intake Form

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
 Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Can we leave a message? \_\_\_ Email: \_\_\_\_\_  
 Employed at: \_\_\_\_\_  
 \_\_\_\_\_

### Relationship status:

Current Relationship status: \_\_\_ Seriously Dating \_\_\_ Engaged \_\_\_ Separated  
 How long have you been together: \_\_\_\_\_  
 If engaged, how long have you been engaged? \_\_\_\_\_  
 How long have you known your fiance? \_\_\_\_\_  
 How many times have you been engaged? \_\_\_\_\_  
 Have you ever been married before? \_\_\_\_\_

**Current Household Family:** Do you have children? Yes No If yes provide information below:

Name	Age	Lives at	(Circle One)
			Biological / adopted / step-child
			Biological / adopted / step-child
			Biological / adopted / step-child

### 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:

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List family members with mental health past:

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**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? \_\_\_\_\_

Are you currently affiliated or attending a church/religion now? Yes \_\_\_ No \_\_\_ What Church or Religion? \_\_\_\_\_

Describe your religious upbringing?

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Describe your current relationship with God:

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

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**Medical history:**

Do you have any significant health/medical issues? Yes /No If yes what is/are the health issue(s) and are you limited in any way?

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Have you ever had a trauma to head, unconsciousness, or seizures? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

**Counseling History:** Have you attended counseling previously? Yes \_\_\_ No \_\_\_

When (Specify Date)	Where & With Whom	Presenting Issues at That Time	Diagnosis Given

Are you currently in therapy or counseling with anyone? Yes \_\_\_ No \_\_\_

Whom \_\_\_\_\_ Where \_\_\_\_\_

How long \_\_\_\_\_ Reason \_\_\_\_\_

Describe the experience \_\_\_\_\_

**Have you ever been hospitalized for any mental health reasons?** Yes \_\_\_ No \_\_\_

When	Where	Reason	Presenting Problem/Diagnosis

**Psychotropic medications:** Are you currently taking any psychotropic medications? Yes \_\_\_ No \_\_\_

(Specify current & past meds)

Physician	Medication	Condition	Dosage	Date of Usage	Side Effect

**Alcohol/drug usage:**

Do you currently use alcohol or drugs? Yes \_\_\_ No \_\_\_

Describe the use of drugs and alcohol (type, amount, frequency):

When did you start using drugs or alcohol?

What has your past use of alcohol been like?

**Suicide risk:** Have you ever attempted suicide? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_ How many times? \_\_\_\_\_

Have you recently had thoughts of suicide? Yes \_\_\_ No \_\_\_

How or what did you plan to do?

What were the circumstances at the time?

Has anyone close to you ever attempted or committed suicide? Yes \_\_\_ No \_\_\_

If yes, who, how, and when?

**Abuse history:** Please circle if you have either been physically, emotionally, or sexually abused?

If yes, briefly explain (who, what and when):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Support Systems:**

Do you have people that you can turn to for support? Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Presenting Issues:**

Briefly explain what concern(s) that you would like to address during premarital counseling:

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve or accomplish through premarital counseling?

\_\_\_\_\_  
\_\_\_\_\_

Please describe what you believe your fiancé’s specific goals for counseling:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referral Information**

How did you hear about us?

\_\_\_ Referred by therapist \_\_\_\_\_

\_\_\_ Referred by a friend \_\_\_\_\_

\_\_\_ Referred by a minister/pastor \_\_\_\_\_

\_\_\_ Web Site

Other \_\_\_\_\_

May we have your permission to thank the person who referred you to us? Yes \_\_\_ No \_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #(s) \_\_\_\_\_

\_\_\_\_\_