

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 fiance? \_\_\_\_\_

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 / 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:

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Briefly describe your relationship with your mother:

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If parents are not married to each other describe their separation, who you lived with, their current relationships,etc.

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List family members with mental health issues:

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List family members with serious medical concerns:

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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 religion / spirituality?

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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?

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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, 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 \_\_\_\_\_

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

(Specify current & past meds)

Medication, Condition, Dosage, Dates of usage, Side effects, Physician:

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

If so, 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?

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Have you ever attempted suicide? Yes \_\_\_ No \_\_\_

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

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

How or what did you plan to do?

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What were the circumstances at the time?

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

If yes, who, how, and when?

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

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

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Is there any current abuse in your life? Yes No

If so, please explain

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

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

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

Briefly explain what areas/issues you would like to address during premarital counseling:

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

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

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What concerns do you believe you have already resolved?

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Have you had major hesitations about getting married? Yes No

If so, why?

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Emergency Contact Information

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

Phone \_\_\_\_\_