



## Premarital Intake Form

This information will remain confidential.

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 fiancé? \_\_\_\_\_

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:

\_\_\_\_\_

List family members with mental health past:

\_\_\_\_\_

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

Describe your current relationship with God: \_\_\_\_\_

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

**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?

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 Dates):    Where and 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)

Medication	Condition	Dosage	Dates of usage	Side effects	Physician

**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) \_\_\_\_\_