

MARITAL COUNSELING INTAKE FORM
Personal History/Problem Evaluation

Identification Data

Name: _____ Phone: _____ Date: _____

Address: _____

Occupation: _____ Business Phone: _____

Gender: _____ Date of Birth: _____ Age: _____

Education: Last Grade Completed (prior to college) _____

Other Education: (List type and years) _____

Referred Here By: _____ Address: _____

Marriage and Family Information

Name Of Spouse: _____ Address: _____

Phone: _____ Business Phone: _____ Occupation: _____

Spouse's Age: _____ Education (in years) _____ Religion: _____

If your spouse is not with you now, would he or she be willing to come in for counseling?
 Yes _____ No _____ Uncertain _____

Have you ever been separated? Yes _____ No _____ If yes, how many times? _____

Are you separated now? Yes _____ No _____ How long have you been married? _____

How long did you know spouse before marriage? _____

Length of steady dating w/Spouse? _____ How long was your engagement? _____

Give brief information about any previous marriages:

Husband: _____

Wife: _____

Children's Names	Ages	Gender	Living? Yes/No	Education In Years	Marital Status	* PM

***Check this column if child is by previous marriage**

Religious Background

Church currently attending? _____

Church Address: _____

Pastor's Name: _____ Pastor's Phone _____

May we contact your pastor for information and help? Yes ____ No ____ Maybe ____

Church attendance per month: (Circle one) 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood: _____

Have you been baptized? Yes ____ No ____ When: _____

If married, religious background of spouse: _____

Spouse's church attendance: Church: _____ Frequency _____

Do you believe in God? Yes ____ No ____ Uncertain ____

Do you consider yourself to be born again? Yes ____ No ____ Uncertain ____

Do you pray to God? Never ____ Occasionally ____ Often ____

Do you read the Bible? Never ____ Occasionally ____ Often ____

Do you have family devotions? Never ____ Occasionally ____ Regularly ____

Do you know for certain that if you died tonight you would go to Heaven? Yes ____ No ____

What is the basis for answering the above question as you did? _____

Have you received Jesus Christ personally as your Savior?

Yes ____ No ____ Don't know what you mean ____

How do you know that Jesus Christ is your Savior? _____

If you have received Christ as Savior, what changes took place in your life when you became saved?

Personality Information

Have you had any psychotherapy or other counseling before? Yes ____ No ____

Counselor/Therapist Names	Dates To/From	Medication Prescribed	Outcome and Diagnosis
_____	_____	_____	_____
_____	_____	_____	_____

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

Active	Impulsive	Easy-going	Leader	Other
Ambitious	Moody	Shy	Thick-skinned	_____
Self-confident	Often-blue	Good natured	Submissive	_____
Persistent	Excitable	Introvert	Sensitive	_____
Nervous	Imaginative	Extrovert	Self-conscious	_____
Hardworking	Calm	Likable	Lonely	_____
Impatient	Serious	Quiet		

Health Information

Rate your health: Very Good ____ Good ____ Average ____ Declining ____ Other ____

Your approximate weight: _____ lbs. Recent weight changes _____

List all important present or past illnesses, injuries or handicaps: _____

Do any of the above illnesses or handicaps limit you in any way? Yes ____ No ____ Please Describe _____

Date of last medical examination: _____ Results _____

Your Physician: _____ Address _____

Do you drink alcoholic beverages? Yes ____ No ____ When _____ How much _____

Are you presently taking medication? Yes ____ No ____ What _____ Dosage _____

Have you used drugs for other than medical purposes? Yes ____ No ____

When _____ What _____ Amount/Dosages _____

Have you ever had a severe emotional upset? No ____ Yes ____ When _____

If yes, please describe briefly: _____

Please check any of the following general problem areas in your marriage .

- | | | |
|---|---|--|
| <input type="checkbox"/> Not resolving conflicts | <input type="checkbox"/> Lack of communication | <input type="checkbox"/> Struggling in your Christian walk |
| <input type="checkbox"/> Conflicts over decision making | <input type="checkbox"/> Credit or debt problems | <input type="checkbox"/> Selfishness |
| <input type="checkbox"/> Interference from in-laws | <input type="checkbox"/> Unrealistic expectations | <input type="checkbox"/> Possessiveness or jealousy |
| <input type="checkbox"/> Drug or alcohol abuse | <input type="checkbox"/> Pornography or gambling abuse | <input type="checkbox"/> Sexual frustration |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Unforgiveness | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Lack of involvement or discipline problems with the children | <input type="checkbox"/> Overcommitment outside the home; job, sports, etc.. |

Please specify in the order of severity the specific problems that you are having in your marriage.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

What have you done to try to resolve these problems? _____

Have you ever had marriage counseling for these problems? If yes, please explain when, where, and how often you were counseled. _____

Are you going to any other counselor right now? If yes, please give their name and how often you see them. _____

Basic Problem Identification
(Briefly answer the following questions)

Is there one problem which has motivated you to make this appointment today?

What are you expecting to receive from this counseling?

Is there any other information that you think we should know?

On a scale from 1 to 10, how would you rate your marriage? (Ten meaning that you are very satisfied with your relationship)

Consent to Counseling

Our Goal – Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to fully enjoy His love and plans for your life.

Biblical Basis – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals.

Confidentiality – Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, there are five situations when it may be necessary for us to share certain information with others: when a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or elder in this church; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; when there is a clear indication that someone may be harmed unless others intervene; when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation; or when a crime has been committed (see Proverbs 15:22; Proverbs 24:11; Matthew 18:15-20; Deut. 13:6-8). Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Resolution of Conflicts – On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblical and faithful manner, we require all of our counsees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with a pastor or elder before your counseling appointment. If these guidelines are acceptable to you, please sign below.

Signed _____ Date _____