Therapeutic Family Center

CLIENT PRE-MARITAL INTAKE:

Date: _____
GroomTo Be: Last name _____ First name _____ MI _____ Birth date _____/_____/_____
Age _____ Address
_____
_____ (city) _____
Preferred ok to leave message? Cell phone _____ □ □
Home phone _____ □ □ Work phone_____ □ □ Email address _____ □
Place of Employment_____ Length of Employment _____
Type of work you do_____
_____
Highest level of education completed: □ High School □ College degree □ Graduate degree
□ Professional training □ Other _____ *In case of emergency, contact*
_____
Relationship _____ Emergency phone _____
Bride To Be: Last name _____ First name _____ MI _____ Birth date _____/_____/_____
Age _____ Address
_____
_____ (street) (city) (state & zip)
Preferred ok to leave message? Cell phone _____ □ □
Home phone _____ □ □ Work phone_____ □ □ Email address _____ □
Place of Employment_____ Length of Employment _____

Type of work you do_____
_____
Highest level of education completed: □ High School □ College degree □ Graduate degree
□ Professional training □ Other _____ *In case of emergency, contact*
_____
Relationship _____ Emergency phone
_____

PREVIOUS RELATIONSHIP(S)
Groom To Be:
Previously married? □ No
□ Yes, for how long? __
Approximate date of divorce: _____
Children living in your home: Name Age Relationship
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
Children NOT living in your home: Name Age Relationship
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
Former Bride:
Previously married? □ No
□ Yes, for how long? _____
Approximate date of divorce: _____
Children living in your home: Name Age Relationship
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
Children NOT living in your home: Name Age Relationship
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

CURRENT RELATIONSHIP

□ engaged how long? _____

□ dating for how long? _____ □ living together for how long? _____

□ Other _____ **COUNSELING GOALS**

What are your relationship concerns? **Groom To Be:**_____

_____

_____

_____

Bride To Be:_____

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_____ What would you like to achieve in pre-marital counseling?

Groom To Be:_____

_____

_____

Bride ToBe:_____

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_____ **MEDICAL AND PSYCHOLOGICAL HISTORY**

Groom: Have you received psychotherapy or counseling in the past? □ No □ Yes If so, when and with whom?

_____

Have you ever been hospitalized for mental /emotional /psychiatric reasons?

□ No □ Yes When? _____ Where? _____

For what reason?

_____

List physical illnesses or symptoms:

_____

_____

Physician's name(s) and phone number(s):

_____

List current medications:

_____

Have you ever help for drug or alcohol dependency?
□ No □ Yes When? _____ Where?
_____

For what reason?

_____

Bride To Be: Have you received psychotherapy or counseling in the past? □ No □ Yes If so, when and with whom?

_____
_

Have you ever been hospitalized for mental /emotional /psychiatric reasons?
□ No □ Yes When? _____ Where?
_____

For what reason?

_____

List physical illnesses or symptoms:

_____
_____

Physician's name(s) and phone number(s):

_____

List current medications:

_____

Have you ever help for drug or alcohol dependency?
□ No □ Yes When? _____ Where?
_____

For what reason?

_____

OTHER INFORMATION

Please provide any other information you think will be necessary or helpful:

Groom:_____

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Bride:_____

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