



# DrCFultz, LLC

## Marital Counseling 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: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_

### Marital Status:

Have you been married before? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_ If so, for how long? \_\_\_\_\_  
 Do you have children from a previous marriage? \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
 What are their ages? \_\_\_\_\_  
 If you are divorced, what is your custody arrangement?  
 \_\_\_\_\_  
 \_\_\_\_\_

If divorced, why was your previous marriage terminated?  
 \_\_\_\_\_  
 \_\_\_\_\_

### Relationship Status:

How long have you been together? \_\_\_\_\_  
 What brought you together?  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: \_\_\_\_\_



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Briefly describe your relationship with your father:

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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:(If Secular Counseling, skip to medical history section)

Are you a Born Again Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

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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How would you define the purpose of a Christian Marriage? \_\_\_\_\_

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**To be answered by the woman:** Do you have any reservations or concerns about your husband's spiritual life; his ability to lead you, care for you, love and provide for you? What would they be? In which areas, do you see that your husband needs to grow?

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**To be answered by the man:** Do you have any reservations or concerns about your wife's spiritual life; her ability to respect you, follow you, and submit to your leadership? What would they be? In which areas, do you see that your wife needs to grow?

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What does the biblical phrase, “the husband is the head of the wife” mean to you?

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

When (Specify Dates): Where and with whom: Presenting issues at that time: Diagnosis given:

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

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

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? \_\_\_\_\_



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**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 marital counseling:  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve or accomplish through marital counseling?  
\_\_\_\_\_  
\_\_\_\_\_

Please describe what you believe your spouse's specific goals are for counseling:  
\_\_\_\_\_  
\_\_\_\_\_

What concerns do you hope to resolve during your counseling sessions?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything about yourself or your past that you think are seriously affecting your marriage? Was there alcohol abuse in your family, lack of affirmation, emotional, sexual or physical abuse?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Please answer the following questions as completely yet as briefly as possible. Remember that our goal is to help you in your marriage. Please be honest with your responses. Don't simply write the answers you think we expect.**

**1. Write a definition of "Love".**

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**2a. How do you know you "love" your spouse?**

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**2b. Name two characteristics which you admire in your spouse and why.**

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**2c. Name two characteristics or weaknesses which you least appreciate in your spouse and why.**

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**3. How did you prepare for marriage?**

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**4. What did you expect to receive from marriage that you could not have received if you were single?**

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**5. Give some reasons why you married your spouse.**

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**6. List any concerns about staying married to your spouse.**

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**7. What do you see as your role in the marriage?**

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**8. What do you see as your spouse's role in the marriage?**

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9a. With so many marriages failing today, what belief do you have that your marriage will remain successful?

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9b. What would you consider grounds for divorce? \_\_\_\_\_

10. How do other members of your family feel about your spouse?

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11. How do you feel you are accepted by your spouse's family?

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12. How do you handle conflict or disagreements?

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13. Do you create a special time for dating?

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14. What plans do you have to keep your marriage fresh and alive?

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15. What are your goals or aims in life? Have you discussed these with your spouse?

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16. What are two activities (recreation, social, etc.) which you have in common?

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17. Do you dislike any of your spouse's family or friends? If so, why?

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18. Should each of you be permitted one night a week for your own interests? \_\_\_yes \_\_\_no.

19. Do you think that certain dates (anniversary, birthdays, etc.) should be remembered by your spouse? \_\_\_yes \_\_\_no.

20. What was the last conflict that you had with each other? How did you resolve it?

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21. What are some issues about which the two of you have different opinions? How do you handle these differences?

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22. How is your intimacy and sex life? Explain.

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23. What are your expectations about situations where one of you might be alone with the opposite sex?

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Is there anything else your counselor should know about you or your relationship—areas of gladness in your relationship, areas of regret in your relationship, significant events from your past, etc.?

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I have completed this form as honestly as possible and to the best of my knowledge. I understand marital counseling is not a guarantee of success for marriage, but a tool to help my marriage be successful. I agree to work at and apply the tools given to me during my marital counseling to make my marriage successful.

\_\_\_\_\_  
Signature of husband

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of wife

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### Referral Information

How did you hear about us?

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

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

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

\_\_\_ Web Site \_\_\_\_\_

Other \_\_\_\_\_

### Emergency Contact Information

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

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