The Biblical Counseling Center

MARRIAGE EVALUATION INTAKE FORM

PERSONAL INFORMATION

Name ____ E-mail ___________________________

Street Address ____

City ____________________________________ State ____________ Zip _________________

Sex _________ Birth Date ____________ Age ______ Weight ________ Height ______________

Home Phone _____________ Cell Phone ________________ Business Phone _________________

Occupation ________________________________

Marital Status (check one)

❑ Single ❑ Going Steady ❑ Married ❑ Separated ❑ Divorced ❑ Widowed

Education: Last completed grade (prior to college) ____

Other Education: (List type and years) ____

____

I was referred to The Biblical Counseling Center by _______________________________________

SPOUSE INFORMATION

Name of Spouse: ________________________________ E-mail ___________________________

Address: ____

Telephone: ____________ Occupation: _____________ Bus Phone: ________________________

Your Spouse's Age _______ Education (in years) _____ Religion ____________________________

Is your spouse willing to come for counseling? ❑ Yes ❑ No ❑ Uncertain

Have you ever been separated? ❑ Yes ❑ No

If "yes", when? From __________________________ To ____________________________________

Has either of you filed for divorce? ❑ Yes ❑ No Who? ___________________________________

Date of Marriage ____________________ Your ages (when married) Husband _______ Wife ______

How long did you know your spouse before marriage? _______________________________________

Length of steady dating with spouse ____________ Length of engagement _______________________

Did you ever live together? ____

Give brief information about any previous marriages:

Husband ____

____

Wife ____

____

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Children's Names	Age	Gender	Living yes no	Education (in years)	Marital Status	From a previous marriage? (√)

YOUR SECTION: . . . .

Were you raised by anyone other than your own parents? ❑ Yes ❑ No; If "yes," please explain:

____

How many older siblings do you have? **#Brothers** ________ **#Sisters** _______

How many younger siblings do you have? **#Brothers** ________ **#Sisters** _______

RELIGIOUS BACKGROUND

What church do you currently attend? ____

Are you a member? ❑ Yes ❑ No Denominational Preference __________________________

Church Address ____

Pastor's Name ______________________ Pastor's Phone ______________________________

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

Church attendance per month **(circle one)** ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩+

Church attended in childhood ____

Have you been baptized? ❑ Yes ❑ No When? ____

Do you consider yourself to be a religious person? ❑ Yes ❑ No

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

Do you pray to God? ❑ Yes ❑ No ❑ Uncertain

Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? ❑ Yes ❑ No ❑ Uncertain

If "yes," what is the basis of your certainty? ____

____

How do you characterize your relationship to Jesus? ❑ None ❑ Struggling ❑ Growing ❑ Strong

How often do you read the Bible? ❑ Never ❑ Seldom ❑ Often

Describe any recent changes in your spiritual life ______________________________________

____

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YOUR SECTION CONTINUED:

Religious background of spouse **(if married)** ____________________________________

What church does your spouse currently attend? ________________________________

Spouses church attendance per month: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩+

PERSONALITY INFORMATION

Have you had any psychotherapy before? ❑ Yes ❑ No

Counselor's Name	**Dates** (Month & Year)	**Medication Prescribed**	**Diagnosis Outcome**
	From To		
	From To		
	From To		

Please check any of the following words that would describe you:

❑ Ambivolent

❑ Ambitious	❑ Self-confident	❑ Persistent
❑ Nervous	❑ Hardworking	❑ Impatient
❑ Impulsive	❑ Moody	❑ Active
❑ Often-blue	❑ Excitable	❑ Imaginative
❑ Calm	❑ Serious	❑ Serious
❑ Easy-going	❑ Shy	❑ Good-natured
❑ Introvert	❑ Extrovert	❑ Likeable
❑ Leader	❑ Quiet	❑ Hard-boiled
❑ Submissive	❑ Sensitive	❑ Hypersensitive
❑ Suspicious	❑ Self-conscious	❑ Lonely

Please check the appropriate response:

Have you ever felt people were watching you?	❑ Yes	❑ No
Have you ever had hallucinations?	❑ Yes	❑ No
Are you sometimes unable to judge distances?	❑ Yes	❑ No
Are you afraid of being in a car or airplane?	❑ Yes	❑ No
Is your hearing exceptionally good?	❑ Yes	❑ No

Approximately how many hours sleep do you get each night?

When do you usually: Go to sleep? _________ Fall asleep? _________ Get out of bed? _________

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MARRIAGE EVALUATION INTAKE FORM

HEALTH INFORMATION

YOUR SECTION CONTINUED:

Rate your health: ❑ Excellent ❑ Good ❑ Average ❑ Declining ❑ Other

Describe any recent weight changes?___________________________

List all important present or past illnesses, injuries and handicaps _________________________________

____

Do the above limit you in any way? ❑ Yes If Yes, how? __________________________________ ❑ No

Date of last medical exam: _________________ Report: ____

____

Your physician ____________________ Address ____

If you drink alcoholic beverages: How often?______________________ How much? _______________

Are you presently taking medication? ❑ Yes ❑ No

What? ____

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

If "yes," when and what did you use? ____

Have you ever had a severe emotional upset? ❑ Yes ❑ No

If "yes," please describe briefly: ____

Have you ever been arrested? ❑ Yes ❑ No

Outcome: ____

Are you willing to sign a release of information form so that your counselor may write for psychiatric or medical reports? ❑ Yes ❑ No

BASIC ISSUES IDENTIFICATION

(Briefly answer the following questions)

1. What do you feel is the issue that brings you here?

2. What have you done about it?

3. What are you seeking (and expecting) from Biblical counseling?

4. Who do you consider a friend who has talked with you about what you are going through?

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

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BEGIN SPOUSE'S SECTION: . . . . YOUR NAME ____________________________

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____

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Have you had counseling before? ❑ Yes ❑ No

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