

The New Breath Counseling Center, Inc. Pre-Marital Counseling Initial Intake Form

Virtual Counseling

To assist us in providing services to you, please complete this form as fully and openly as possible. All private information is held in the strictest confidence within legal limits. **If certain questions do not apply, leave them blank. If you need help completing this form, please do not hesitate to ask.** Thank you for your cooperation.

Today's Date: _____

Name (Self): _____ Age: _____ Gender: M F Race/Ethnicity: _____

Birth Date: _____ Email address: _____

Mailing Address: _____

County: _____ City: _____ State: _____ Zip: _____

Number of Children: _____ Ages of Children: _____

Employed: ___ Full-time ___ Part-time ___ Unemployed ___ Disabled ___ Retired ___ Student

Employer: _____ Position: _____

Date Began: _____

We may need to call you to remind you of an appointment or to change an appointment. May we leave a message? Yes No (Circle One) Best number to leave a message/contact you? _____

Name (Partner): _____ Age: _____ Gender: M F Race/Ethnicity: _____

Birth Date: _____ Email address: _____

Mailing Address: _____

County: _____ City: _____ State: _____ Zip: _____

Number of Children: _____ Ages of Children: _____

Employed: ___ Full-time ___ Part-time ___ Unemployed ___ Disabled ___ Retired ___ Student

Employer: _____ Position: _____

Date Began: _____

We may need to call you to remind you of an appointment or to change an appointment. May we leave a message? Yes No (Circle One) Best number to leave a message/contact you? _____

In case of an emergency:

Name of local friend or relative (not living at the same address): _____

Relationship to client: _____ Contact Number: _____

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1. Are you or your partner currently receiving counseling services elsewhere: Yes No
If yes, please describe with whom and the reason: _____

2. What is/are the main reason(s) for this visit? _____

3. Have either you or your partner been in individual counseling before? _____ If so, give a brief summary. _____

4. Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? _____ If yes for either, who, how often and what drugs or alcohol? _____

5. Have you or your partner struck, physically restrained, used violence against or injured the other person within the last three years? _____ If yes for either, who, how often and what happened. _____

6. Have you ever **considered suicide** in the **past or recently?** (Circle One) Yes No
If yes, please give a brief description with dates: _____

7. Have you **attempted suicide recently** or in the **past?** (Circle One) Yes No If so, please give a brief description with dates: _____

8. Have you had any **homicidal thoughts recently** or in the past? (Circle One) Yes No
If yes, please explain: _____
9. Have you ever **considered homicide** recently or in the **past?** (Circle One) Yes No
If yes, please explain: _____

Relationships with the family:

1. What kind of involvement do you expect and/or want from your in-laws and their family? Do you like over-involvement (closeness), more than under-involvement (distance) as a general rule (or visa versa)? _____
2. How do you feel about your partner's relationship with his/her parents? _____

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3. What kind of relationship do you think you have with your in-laws? What kind of relationship do you want? _____

4. Do you look at your in-laws mostly as a help or hindrance in your up-coming marriage? _____

Giving and Receiving Love:

1. If there are five different dialects of the one language (love), what is your primary dialect:

___ Words of affirmation, appreciation, or encouragement

___ Acts of service

___ Quality time spent together

___ Physical touch

___ Giving and receiving gifts

2. How do you feel about public expressions of affection? _____

3. How do you like best to express love for your partner? How does your partner express love for you? _____

Personal Communication:

1. How would you like your partner to tell you and show you that you are appreciated? _____

2. What is the best thing about your present communication? _____

3. What is the most aggravating about your present communication? _____

4. When do you feel listened to by your partner? _____

5. How would you prefer your partner to request changes in some of the things that you do or say? _____

6. Some things my future partner does which make it difficult to share myself with him/her are: _____

7. Some things my future partner does which make it easy to share with him/her are: _____

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Conflict, Fighting and Being Hurt:

1. When I have been hurt by someone, I (mark as many as apply):
 - a. Withdraw from my partner
 - b. Do something to hurt him/her
 - c. Get angry at him/her
 - d. Play the martyr
 - e. Pretend everything is fine
 - f. Drop hints
 - g. Get in a "mood" or pout
 - h. Wait til he/she initiates forgiveness

2. I am most hurt by my partner when he/she (mark as many as apply)
 - a. Pay more attention to work than me
 - b. Put another relationship first
 - c. Is careless about money
 - d. Doesn't keep up with his/her appearance
 - e. Embarrasses me publicly
 - f. Does all the talking
 - g. Leaves everything up to me
 - h. Doesn't listen to me
 - i. Goes out too much with friends
 - j. Doesn't give me my space/peace
 - k. Says "no" to sexual advances
 - l. Playing video games

3. How would you describe your way of handling conflict? _____

Relationship History:

1. Current status: __ Single __ Separated __ Widowed __ Married __ Divorced
2. To what degree do you have family or friends that support you as a couple? (Circle one)

Extremely high Very High High Moderate Low Very Low Extremely low

3. How long have you been a couple? _____
4. Do you and your partner live together? If yes, how long? _____

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5. On a scale 1-10 rate the following (1- completely dissatisfied, 10- completely satisfied)

General Relationship	1	2	3	4	5	6	7	8	9	10
Couple time alone	1	2	3	4	5	6	7	8	9	10
Social activities (together)	1	2	3	4	5	6	7	8	9	10
Occupation/Academic										
Progress	1	2	3	4	5	6	7	8	9	10
Communication	1	2	3	4	5	6	7	8	9	10
Financial issues	1	2	3	4	5	6	7	8	9	10
Household/yard										
Responsibilities	1	2	3	4	5	6	7	8	9	10
Parenting	1	2	3	4	5	6	7	8	9	10
Daily Social Interaction	1	2	3	4	5	6	7	8	9	10
Trusting Each Other	1	2	3	4	5	6	7	8	9	10
Decision Making	1	2	3	4	5	6	7	8	9	10
Resolving Conflict	1	2	3	4	5	6	7	8	9	10
Support of one another	1	2	3	4	5	6	7	8	9	10
Degree of affection and										
Caring	1	2	3	4	5	6	7	8	9	10
Intimacy and closeness	1	2	3	4	5	6	7	8	9	10

Our Sexual History:

1. Please indicate your sexual orientation: __Heterosexual __Homosexual __Bi-sexual __Transgender
__Unsure
2. Have you had any sexual problems in past marriages or relationships: (If so, what kind) __Yes __No _____

3. How important is sex to you in this relationship? _____
4. Do you and your partner talk openly about sex? _____
5. Have you been able to get what you wanted from sex? _____
6. Do you feel comfortable asking for what you want and need sexually? _____
7. What are you prepared to do differently in the relationship? _____
8. Do you use pornography? __Yes __No How often? _____
9. Do/Did you ever have an illness that affected your sexuality or your relationship? _____

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10. Assuming that you are anticipating your first sexual experience with your partner, what are some of the thoughts, hopes, satisfactions, and fears regarding your sexual life in your upcoming/current relationship?

11. How enjoyable is your sexual relationship? (Circle one)

Terrible	More unpleasant than pleasant	Not pleasant, not unpleasant	More pleasant than unpleasant
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12. How satisfied are you with the frequency of your sexual relations? (Circle one)

Way too often to suit me	A bit too often to suit me	About right	A bit too seldom to suit me	Way too seldom to suit me
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13. List the three things that your partner does that please YOU: _____

14. What would you like your partner to do more often?

15. What would your partner like you to do more often?

16. How do you contribute to the difficulties in the relationship?
