



New Life Christian Counseling Couples Intake Form

All of the information received through this questionnaire is confidential.
Please print. Each person fill out a separate Couples intake Form.

Name: _____ Date: _____

Age: _____ DOB: _____ Male / Female Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Circle preferred contact phone: (Home) _____ (Wk) _____ (Cell) _____

Is it okay to leave messages on your home telephone message device?	Yes	No
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Marriage information:

Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed
Spouse's name _____ Date of marriage: _____
Have you ever been separated? _____ How long? _____
Have either of you ever filed for divorce? _____ When? _____
Number of children _____ Their ages: _____

Previous Marriages:

1. Year married: _____ How long: _____ Divorced () Widowed ()
2. Year married: _____ How long: _____ Divorced () Widowed ()
3. Year married: _____ How long: _____ Divorced () Widowed ()

Personal Information:

Occupation: _____ Employer: _____
How long at present job: _____ Annual household income: _____
Education: _____

Faith background: Christian None Other _____

- Name of Church: _____
- Name of Pastor: _____

Counseling Information:

Who referred you to this New Life CC? _____

Has any member of your family been here for counseling? Yes () No ()

Have you ever been to counseling, psychotherapy, or seen a psychiatrist? Yes () No ()

When? _____ Name of therapist: _____

Are you currently taking medication? Husband Yes () No () Wife Yes () No ()

- Who, type and what for: _____

Person we can call in case of an emergency:

- Name: _____ Relation: _____ Phone: _____
- Address: _____ City: _____ St: _____ Zip: _____

YOUR GOALS FOR COUNSELING

(Please print)

1. Please describe your specific goals for counseling.

2. Please describe your spouse's specific goals for counseling.

3. How long do you feel counseling should last? (on a once-a-week basis)

4. On the following scale, please indicate your level of hopefulness for the effectiveness of counseling. (Please use an X for yourself and a check mark for your perception of your spouse's hopefulness)

No Hope	Somewhat hopeful			Hopeful	Quite Hopeful			Very Hopeful		
0	1	2	3	4	5	6	7	8	9	10

5. In what way can your counselor be the greatest help to you in counseling? Please be specific.

6. How much time per week can you give to improve your marriage? Circle Your response.

1 Hour 2 Hours 3 Hours 4 Hours 5 Hours 6 Hours or more

7. Would you like your counselor to pray for you?

Yes _____ No _____ During the session? _____ During the week? _____

CHANGES AND COMMITMENT LEVEL

Indicate your response by circling your choice.

1. I am willing to make: any, most, some, minor, very few changes or adjustments necessary to keep our marriage together.

2. I believe my spouse is willing to make: any, most, some, minor, very few changes or adjustments necessary to keep our marriage together.

3. It is important to me that my spouse is satisfied and fulfilled: very important, somewhat important, not very important.

4. If our marriage were to fail, I would feel...

5. If our marriage were to fail, my spouse would feel...

6. My commitment level to staying in my marriage...

Little or no commitment	Average Commitment			Absolute Commitment						
0	1	2	3	4	5	6	7	8	9	10

7. My spouse's commitment level to staying in our marriage is...

Little or no commitment	Average Commitment			Absolute Commitment						
0	1	2	3	4	5	6	7	8	9	10