

Christian Marriage Counseling Intake Form

Personal Information

Husband's Name

Wife's Name

Husband's Age

Wife's Age

Phone Number

Email Address

Home Address

Marriage Information

Date of Marriage

Years Married

Number of Children and Ages

Church Affiliation

Pastor's Name

Spiritual Background

Please describe your relationship with God.

How often do you pray together?

Do you attend church together?

Presenting Issues

Briefly describe the main concerns that brought you to counseling.

Have you previously attended any counseling? If yes, give details.

What are your goals for counseling?

Additional Comments

Is there anything else you would like us to know?