

Interfaith Relationship Counseling Intake

Contact Information

Name (Partner 1)

Name (Partner 2)

Email (Partner 1)

Email (Partner 2)

Phone Number (Partner 1)

Phone Number (Partner 2)

Relationship Details

Length of Relationship

Relationship Status

Do you have children together? If yes, please specify ages

Religious & Cultural Backgrounds

Partner 1 - Faith/Tradition

Partner 2 - Faith/Tradition

Partner 1 - Cultural Background

Partner 2 - Cultural Background

Counseling Goals & Concerns

What are your main goals in seeking counseling?

What interfaith or intercultural

challenges are you experiencing?

Have you attended counseling together

before? If yes, please describe