

# Marriage Counseling Intake Form

## Contact Information

Partner 1 Full Name

Partner 2 Full Name

Contact Number

Email Address

Address

## Background Information

Date of Birth (Partner 1)

Date of Birth (Partner 2)

Occupation (Partner 1)

Occupation (Partner 2)

Relationship Status

How long have you been together?

Do you have children?

If yes, please provide ages:

## Reasons for Seeking Counseling

Please describe the primary reasons for seeking counseling.

What are your goals for counseling?

### Previous Counseling Experience

Have you attended counseling before (individually or as a couple)?

If yes, when and what was your experience?

### Additional Information

Is there any additional information you would like to share?