

Christian Marriage Counseling Intake Questionnaire

Personal Information

Husband's Name

Wife's Name

Husband's Date of Birth

Wife's Date of Birth

Address

Husband's Phone

Wife's Phone

Husband's Email

Wife's Email

Children (Names & Ages)

Marriage Details

Number of years married

Previous marriages?

Reason for seeking counseling

How would you describe your marriage currently?

Spiritual Background

Husband's Church Affiliation

Wife's Church Affiliation

Husband's Faith Journey

Wife's Faith Journey

What is your vision for your marriage?

Counseling Goals

What do you hope to accomplish through counseling?

Any specific concerns or questions for your counselor?