

# Scripture-Focused Couples Therapy Intake

## Couple Information

Partner 1 Full Name

Partner 2 Full Name

Partner 1 Date of Birth

Partner 2 Date of Birth

Partner 1 Contact

Partner 2 Contact

Address

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## Marriage Details

Length of Relationship / Marriage

Children (names and ages)

Religious Affiliation / Church

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## Spiritual Background

Describe your faith journey as a couple

How do you integrate scripture in your daily life together?

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## Therapy Goals

What brings you to scripture-focused couples therapy?

What outcomes or changes do you hope to see?

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## Personal Challenges

Describe any current challenges or conflicts in the relationship

Have you sought previous counseling?

If yes, briefly describe your experience

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## **Additional Notes**

Anything else you'd like your therapist to know?