

Premarital Counseling Intake Form

Personal Information

Partner 1 Full Name

Partner 2 Full Name

Partner 1 Date of Birth

Partner 2 Date of Birth

Partner 1 Contact Number

Partner 2 Contact Number

Partner 1 Email

Partner 2 Email

Address

Relationship Information

Length of Relationship (years/months)

Anticipated Wedding Date

Referred By

Have either of you been married before?

Do you have children?

Describe your goals for premarital counseling

Are there any specific concerns you want to address?

Background Information

Describe any challenges in your relationship

Previous counseling experience (individual or as a couple)

Additional Information

Anything else you'd like your counselor to know?