

Davis Affordable Professional Counseling

Dezaree Finch, Master of Science in Marriage, Family, and Child Counseling
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PRE-ENGAGEMENT/PRE-MARITAL COUPLE'S INTAKE

Please fill out the following intake information as completely as possible. Thank you.

Date: _____

Your Full Name: _____ (AKA's): _____

Birth date: _____ Age: _____

Dating Since: _____ Married Since: _____ Divorced Since: _____ Widowed Since: _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Home Phone: _____ Cell: _____

Employment Position and Place: _____

Children: Full Name Age Living at home? (Y/N) School Name & Address

1. _____

2. _____

3. _____

4. _____

5. _____

Emergency Contact (Name, Phone, Relationship): _____

How were you referred to me? _____

Current Prescribed/Over the Counter (like ibuprofen) Medications, Recreational Drug Use, and/or Supplements:

Name: _____ Amount: _____ Why are you taking this?: _____ Date Started: _____

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Are there any current challenges, big or small, in the relationship?:

Previous Counseling: (Who? When? How long? Outcome?): _____

What culture(s), ethnicity, and/or heritage do you associate with?: _____

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What is the highest grade you completed?: _____

Do you have any religious and/or spiritual beliefs?: _____

How much sleep do you average per night?: _____ Do you feel tired after being awake for 30 minutes? _____

Do you intake caffeine? How often? _____

What does your exercise habits look like?: _____

When was the last time you had medical exam that included bloodwork? What were the results? _____

Does anyone in your family have any known mental health challenges? Any treatment?: _____

Have you or anyone in your family ever used any kinds of drugs, including alcohol?: _____

Any current use by you or your significant other?: _____

What was your relationship like with your family growing up?: _____

Was there any violence: physical, emotional, sexual, and psychological abuse that has happened with you or anyone else in your family?: _____

Have you or anyone in your family attempted to kill themselves or harm themselves in anyway? Any current thoughts of suicide?: _____

Have you been in any situation that resulted in your arrest or conviction for a crime?: _____

Do you see or hear things that other people do not see or hear?: _____

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Has there been any type of cheating in this relationship? If yes, by who?: _____

Has there been any violence in this relationship? If yes, by who?: _____
Any current violence? _____

Do you view pornography?: _____

What are your expectations of our time together? _____

Why is this the right time to marry? _____

Below is a typical agenda for pre-engagement/pre-marital counseling. As I get to know you both, some areas may not be necessary for us to address. There might also be some areas we should address that are not listed below.

- Explore any current concerns and/or relationship challenges
- Helpful books to get started reading
- Love Languages
- Personality Test
- Addictions
- Signs of an Abusive Personality
- Healthy and Unhealthy Relationships
- Relationship Satisfaction Survey
- Important areas to establish in the relationship now
- Unrealistic Marriage Expectations
- The Basics
- How to Communicate Effectively
- Conflict resolution
- Expressing empathy
- Exploring family history
- Dealing with In-Laws
- Financial Management
- Sex and Affection
- Self-Care
- Vulnerability Factors
- Grief and Loss
- Affairs
- Children and Parenting

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Suggested Future Check-in's:

4 weeks before the wedding (Approximately 1 session)
6 months after the wedding (Approximately 1 session)
1 year after the wedding (Approximately 2 sessions)
5 years after the wedding (Approximately 4 sessions)
10 years after wedding (Approximately 4 sessions)
During the 1st year of having your 1st child (Approximately 4 sessions)

Materials Needed:

Notebook

Binder to keep articles and homeworks