



ASSOCIATES IN
FAMILY CARE

Pre-Marital Self-Report

The following questions are designed to gather information about you, your health, and your future marriage. This information is voluntary and may aid in the identification of conditions, which are relevant to services provided to you. **(Each individual is to fill out their own form)**

Counselor: _____ Date: _____
Client Name: _____ Client Birth Date: _____
Client Address: _____
City: _____ State: _____ Zip Code: _____
Client Social Security Number: _____ Client Gender: ___ M ___ F
Home Phone: _____ May we contact you at home? ___ Yes ___ No
Emergency Contact Person: _____ Emergency Phone: _____
Employer: _____ Employer Phone: _____
May we contact you at work? ___ Yes ___ No Cell Phone: _____

Please list all persons living in client's current household (exclude self): (use back of last page if necessary)

Last Name	First Name	Relationship to Client	Sex	Birth Date	Health Status
1.					
2.					
3.					
4.					
5.					
6.					

Please list all persons in client's family of origin (your family growing up) if different than current household:

Last Name	First Name	Relationship to Client	Sex	Birth Date	Health Status
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Presenting Concern: What, if any issues do you foresee needing to be covered in Pre-marital counseling?

Client's Present Physical Condition:

Height? _____ Weight? _____ Appetite? _____

Please Check:	Good	Fair	Poor
General Health			
Vision			
Hearing			

Effects of operations?

Any bowel/urinary malfunctions?

Any use of (place checkmark and indicate frequency): Alcohol? _____ Drugs? _____ Tobacco? _____
Caffeine? _____

Do you have any allergies? ___ No ___ Yes If yes, please list:

Please list any prescribed medication that you are currently using:

Medication	Dosage/Frequency	Prescribing Doctor/Phone #

Do you have any significant physical problems or limitations? ___ No ___ Yes If yes, please explain:

Personal physician's name / phone #, if applicable.

Approximately how long ago were you examined by your personal physician? _____

Previous Outpatient Counseling Treatment:

Agency Name	Address/Phone	Dates of service	Therapist's name	Medications

What was helpful from previous counseling?

Previous Inpatient Mental Health or Substance Abuse Treatment:

Institution	Address/Phone	Dates of service	Doctor/Therapist's name(s)

What was helpful from these services?

Prior Marital History

Please indicate previous marital history (prior to current marriage):

Ex-spouse's Name	Divorce, Dissolution, or Death	Date of Event	Reason Marriage Ended

Proposed Wedding Date: _____

Dating / Engagement:

Dating:

1. How did you two get together?
2. What were you looking for in a dating relationship?
3. How have you been relating to your parents as you have been dating?
4. What is your parent's marriage like as you have been dating?
5. How much dating had you done prior to meeting your fiancé?

Engagement:

6. How does your father feel about the engagement?
7. Your mom?
8. Of the two, whom do you get along with best at this time? Why?

Before Marriage:

9. Sexual activity before marriage? With current partner? Other partners?
10. Pregnancy?
11. Living arrangements?
12. Any abortions?
13. How well are each of you received into the other's family?

FOO (Family of Origin) Questions:

1. How do you know how to be married? (What kinds of role models do you have?)

2. What was your parents' marriage like?

3. How would your parents resolve conflicts or differences when you were growing up?

4. How did they fight?

5. How did they make-up?

6. How did they communicate feelings to each other and/or to the kids?

7. How well did each of your parents relate to each other sexually?

8. How (who/what) did they discipline the kids?

9. What is the one thing that you wish you had received from your parents growing up that you did not receive?

10. How much is your partner like your father/mother? In what ways?

11. What was it like for you and your parents when you left home (i.e. moved out on your own)?

12. Describe any history of mental or emotional illness in your family while you were growing up.

13. Describe any history of alcohol or drug abuse in your family while you were growing up.

14. Describe any history of physical or sexual or emotional abuse in your family while growing up.

15. How close are you to your parents now?

16. How close is your partner to his/her parents now?

Parenting:

1. To what degree are children currently in your lives? (i.e. from previous marriages or relationships.)
2. Any previous pregnancies or miscarriages? What were they like?
3. How did you grieve the losses? Your partner (at the time)?
4. How do you know how to parent? (i.e. role models etc.)
5. What are your potential strengths as a parent? Weaknesses?
6. How might you view your parenting style? (Strict, lenient, patient, authoritarian, etc.)
7. In what ways are the grandparents involved with the kids?
8. In what ways is parenting an issue for you both?

Pre-Marriage Perceptions:

1. Rating 1 to 10:
The relationship now (What number?)
The relationship at its best (What number and when?)
The relationship at its worst (What number and when?)
2. How well do you both play together? Describe
3. How well does your partner listen?
4. How well do you listen?
5. How do the two of you go about resolving conflict? (Do you have any patterns?)
6. How do you manage anger?
7. How does your partner manage anger?
8. Your partner's 3 greatest strengths/weaknesses?
9. Describe any potential sexual issues in your relationship.
10. How much conflict have the wedding details created for the two of you? Describe.

Power:

1. How do you feel about how your fiancé handles money?
2. Who handles the money in the relationship and how? How was this decided?
3. How will this be different or the same after marriage?
4. How do the two of you discuss your sexual needs and desires?

Religious Life:

1. What role did religion play in your home life as a child?

2. Do you have any denominational ties? _____

3. What were your ideas of God when you were a child?

4. In what ways are you and your partner similar or different in your religious beliefs?

5. Are you a practicing Christian? ____ No ____ Yes (If no, then please disregard the next section.)

Christian Belief System:

How did you become a Christian and when? _____

Do you pray regularly? ____ Yes ____ No Do you read the Bible regularly? ____ Yes ____ No

Do you feel that your Christianity has made you conscience too severe?

Do you suffer feelings of guilt? ____ Yes ____ No

Are you fearful of hell? ____ Yes ____ No

Are you fearful of the unpardonable sin? ____ Yes ____ No

Of not being forgiven? ____ Yes ____ No

Who is your favorite Bible character and why?

What is your favorite Bible passage and why?

What would you consider to be the worst sin a person could commit and why?

Briefly describe your view of a Biblical marriage:

Any other relevant information regarding your Christian experience? (Feel free to write on back of this sheet as well if necessary)