

**Restorative Mediation & Wellness Centre**

**MARRIAGE CRISES INVOLVING COUPLES – INTAKE FORM**

**Section 1**

**PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (phone, email, address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2**

**BACKGROUND INFORMATION:**

1. Please describe the current issues or challenges in your marriage that have led you to seek counseling at this time.

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2. How long have these issues been present in your marriage?

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3. Have you sought counseling or therapy for your marriage in the past? If yes, please provide details.

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4. How would you describe the overall communication and emotional dynamics in your marriage?

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5. Are there any significant life events or stressors that have impacted your marriage recently (e.g., health issues, financial challenges, family dynamics)?

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**Section 3**

**INDIVIDUAL HISTORY**

1. Please provide a brief overview of your personal background, including family dynamics, upbringing, and significant life experiences.

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2. How do you currently cope with stress and challenges in your life?

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3. Are there any personal concerns or issues that you believe may be contributing to the current challenges in your marriage?

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**Section 4**

**RELATIONSHIP HISTORY:**

1. How did you and your spouse meet and what initially attracted you to each other?

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2. What have been the strengths of your marriage over the years?

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3. What are the main areas of conflict or disagreement in your marriage?

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4. How have you and your spouse typically resolved conflicts in the past?

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5. Are there any patterns or recurring themes in your conflicts with your spouse?

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**Section 5**

**EXPECTATIONS AND GOALS:**

1. What are your expectations for marriage counseling? What do you hope to achieve through this process?

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2. What are your personal and relational goals for the future of your marriage?

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**Section 6**

**ADDITIONAL INFORMATION:**

1. Are there any other factors or information that you believe would be important for the counselor to know before beginning therapy?

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