

**TA**

**Restorative Mediation & Wellness Centre**

**PRE-MARRIAGE COUNSELING – INTAKE FORM**

**Section 1**

**PERSONAL INFORMATION:**

Full Name of Partner 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Religion / Cultural Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Partner 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Religion / Cultural Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2**

**RELATIONSHIP HISTORY:**

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

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2. What are the strengths of your relationship?

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

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4. How do you and your partner typically resolve conflicts or disagreements?

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**Section 3**

**EXPECTATIONS AND GOALS:**

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

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2. What are your individual and relational goals for your future marriage?

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3. Are there any specific topics or concerns that you would like to address during the counseling sessions?

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**Section 4**

**FAMILY AND CULTURAL BACKGROUND:**

1. Please provide a brief overview of your family backgrounds, including family dynamics, upbringing, and cultural traditions.

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2. Are there any cultural or religious considerations that are important to you in the context of your future marriage?

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**Section 5**

**COMMUNICATION AND CONFLICT RESOLUTION:**

1. How would you describe the overall communication dynamics in your relationship?

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2. How do you and your partner typically handle disagreements or conflicts?

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3. Are there any specific communication or conflict resolution skills that you would like to improve or develop?

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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 pre-marriage counseling?

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*This intake form is designed to gather essential information to help the counselor understand the couple's background, relationship dynamics, and goals for pre-marriage counseling. It can be customized further based on the specific focus areas and preferences of the counseling practice.*