



BRIDE — PERSONAL INFORMATION

To be completely filled out by counselee and made available to their counselor before their first session

Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Place of Employment _____ Occupation _____

Are you living at home? Yes No Are you living alone? Yes No Who do you live with? _____

Fiance' Name _____ Fiance' Date of Birth _____

COURTSHIP AND ENGAGEMENT INFORMATION

How long have you known each other? _____ How long have you seriously dated each other? _____

Since you have been seriously dating, have you ever broken off your relationship? Yes No If yes, how many times & why? _____

Have you ever given any thought to breaking off your relationship? If so, please explain _____

How long have you been officially engaged? _____ Do your parents approve? Yes No

What has been your personal preparation for marriage? Have you read any books or listened to tapes on marriage? _____

PRIOR MARRIAGES

Have you been married before? Yes No If yes, how many times? _____ Length of each marriage? _____

Is your divorce final? Yes No Date divorce was finalized? _____ Cause for each divorce? _____

Do you have children? Yes No If yes, fill in the information below:

Name _____ Age _____ Sex M/F _____ Living with you? Yes No Biological? Yes No

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INFORMATION ABOUT SPIRITUAL LIFE

Member of TGP? Yes No If no, what church currently attending _____

Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+ Church Attended in childhood _____

Do you have personal devotions? Never _____ Occasionally _____ Often _____ Daily _____

Do you believe in God? Yes No Do you pray to God? Yes No

SUPPORT SYSTEMS

Do you have people that you can turn to for support? Yes No

If yes, who? _____ Relationship to you _____

If yes, who? _____ Relationship to you _____

MEDICAL INFORMATION

Have you received psychotherapy or counseling in the past? Yes No Dates: _____

Counselor's Name: _____ Location: _____

For what reason? _____

List all important, present, or past, injuries or handicaps _____

Your Physician: _____ Phone Number _____

Are you currently taking medication? Yes No If so, What? _____

Have you ever received help for drug or alcohol dependency? Yes No When? _____

Where? _____ For what reason? _____

PRESENTING ISSUES

Briefly explain what relationship concern(s) you would like to address during premarital counseling? _____

What do you hope to achieve or accomplish through premarital counseling? _____

Please describe what you believe your fiance's specific goals for premarital counseling are _____

What concerns do you hope to resolve by the time you get married? _____
