

# Pre-Marital Intake

<b>Name:</b> _____	Nickname: _____	Age: _____
Occupation: _____	Employer/School: _____	
<b>Name:</b> _____	Nickname: _____	Age: _____
Occupation: _____	Employer/School: _____	

Anticipated Wedding Date: _____	Location: _____
Type: <input type="checkbox"/> secular <input type="checkbox"/> religious	If religious, the tradition: _____
How long have you been dating: _____	

**Have either of you been married before? How long? Any children?** (please include names and ages)

---

---

---

---

---

---

---

---

**What issues would you like to explore?**

---

---

---

---

---

---

---

---

**Are there any other things you feel that it is important for your therapist to know:**

---

---

---

---

---

---

---

---