

Palms Pointe Counseling, LLC

Pre-Marital Intake Form

Personal Confidential Information

Please Print Clearly:

Your Name: _____

Date of Initial Visit: _____

Mailing Address: _____

Date of Birth: _____

Phone Number: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fiancé's Name: _____

Fiancé's Date of Birth: _____

Email: _____

Anticipated Wedding Date: _____

Previous Marriage(s) To: _____

Date of Previous Marriage(s): _____

Date Marriage(s) Ended: _____

Children Name: _____ DOB: _____

Children Name: _____ DOB: _____

Children Name: _____ DOB: _____

Children Name: _____ DOB: _____

Children Name: _____ DOB: _____

Children Name: _____ DOB: _____

Your Occupation: _____

Fiance's Occupation: _____

Your level of Education: _____

Fiance's Education: _____

Current Health (Both): _____

Do You Smoke? _____

Current Medications (Both): _____

How Did You Hear About PPC? _____

Why Are You Seeking Counseling Today? _____

