

**North Alabama Christian Counseling  
2705 Artie St. SW Bldg. 500, Ste. 38  
Huntsville, AL 35805**

**Family/Marriage/Couple Intake Form**

Please list those who will be present for counseling

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Method of contact: Phone or Email (circle one)

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Marital Status: Single, Engaged, Married ( \_\_\_\_ years married) Separated, Divorced  
(circle one)

Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:  Same as above

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Method of contact: Phone or Email (circle one)

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Marital Status: Single, Engaged, Married ( \_\_\_\_ years married) Separated, Divorced  
(circle one)

Children:

Name

Age

\*If children are stepsiblings or partial siblings please indicate next to their name

Mental Health:

Has anyone in the immediate family currently or historically been suicidal?

If yes, who and when? \_\_\_\_\_

Has anyone in the immediate family been hospitalized for mental health related issues?

If yes, who and when? \_\_\_\_\_

Is anyone in the immediate family currently receiving counseling services with another professional?

If yes, who and for how long? \_\_\_\_\_

Reasons for Seeking Family/Marriage Counseling:

\_\_\_\_\_

How would you know that your time in therapy has been successful? What would look different in your family/marriage?

\_\_\_\_\_

List some strengths in your family/marriage:

\_\_\_\_\_

List some weaknesses in your family/marriage:

\_\_\_\_\_

How does your family (or you as a couple) deal with conflict?

\_\_\_\_\_

How does your family (or you as a couple) celebrate/play together?

\_\_\_\_\_

What are things that your family (or you as a couple) does together on a regular (weekly) basis?

\_\_\_\_\_

How does your family (or you as a couple) deal with major life events (i.e. weddings, deaths, life threatening illnesses, job loss)?

\_\_\_\_\_

Has anyone in the family (or you as a couple) ever struck, physically restrained, used violence against, or injured any person within the family?

If yes, please explain:

\_\_\_\_\_

Referred by:  Therapist  Church  Physician  Agency  Friend  Internet

Emergency Contact Name:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_