***Ronald D. Welch, Psy.D.***

Licensed Clinical Psychologist

Transformational Marriage, PLLC

dba Transformational Marriage Counseling

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 Littleton, CO 80123

(303) 762-6952

**Intake Interview – PreMarital Counseling**

**I. Identifying Information:**

 **Who is completing this questionnaire?** Groom Bride Both

 **Groom***:*

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chronological Age: \_\_\_\_\_

 Best contact phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Bride:***

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chronological Age: \_\_\_\_\_

 Best contact phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. GENERAL RELATIONSHIP QUESTIONS**

1. **Describe any major challenges or events you have had to face in your relationship.**

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1. **Describe what happens when there is a disagreement in the relationship (In other words,**

**how do you handle conflicts?):**

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1. **Has either partner ever been violent to each other?** Yes No
	1. **If so, please list specific details of all incidents of violence below:**

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1. **What, if any, common interests do the two of you have?**

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1. **Describe the strengths of the relationship (the things that you do well as a couple):**

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**III. Background Information**

1. **Please describe your parents’ marriage and your family of origin:**

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1. **Please describe any previous long-term relationships either of you have had:**

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1. **Please describe your educational histories:**

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1. **Please describe your work histories:**

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1. **Please describe your religious/spiritual background:**

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1. **Please describe any financial or legal stress either of you are currently facing:**

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1. **Please describe any history of mental illness that either of you, or any close family members have experienced?**

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1. **Please circle any of the following problems that you or your fiancé are currently experiencing:**

Thought process or content problems Groom Bride

Speech problems Groom Bride

Depression Groom Bride

Anxiety Groom Bride

Sleep problems Groom Bride

Eating problems Groom Bride

Job Dissatisfaction problems Groom Bride

Substance Abuse problems Groom Bride

1. **Please describe any additional information you think would be helpful for me to know in the space below:**

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