

In order to more efficiently serve you, we need to find out about you and your relationship.

1. Please respond frankly and honestly.
2. **The assessment form must be completed and returned to the Discipleship Office (Wende McKnight) before an appointment can be made.** If you haven't heard from us in a reasonable time, please call the Discipleship Office at 663-3955, ext. 226.
3. Each spouse is to complete separate forms. Please do not read your spouse's information. Before an appointment can be set up, we must receive completed forms from both spouses. You may place the forms in separate sealed envelopes for privacy.
4. All information disclosed in sessions and on the forms will be kept confidential. We will not release information concerning your sessions and/or the fact that you are being counseled to anyone.
5. You may use the back of the form or attach additional sheets if needed.

# COUNSELEE'S AGREEMENT

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By accepting counseling from the Soul Care Lay Counseling Ministry, I, (print name) \_\_\_\_\_ agree to and understand the following:  
(Please initial each)

\_\_\_\_\_ The counseling provided by Soul Care Lay Counselors is faith-based and spiritual in nature.

\_\_\_\_\_ Biblical counseling sessions are provided by a lay counselor. Lay counselors do not possess professional licenses or certifications; nor do they necessarily possess the required education, experience or training for such licenses. All lay counselors have been trained by Saint Mark in the areas of Biblical counseling, listening, helping skills, and goals & strategy formation. Referral options to outside professional providers are available upon request if needed.

\_\_\_\_\_ The content of your sessions are completely confidential except where limited by law. These limitations include any plan to harm others or self along with issues of child and/or elder abuse.

\_\_\_\_\_ All counseling files and their contents belong to the SMBC Soul Care Lay Counseling Ministry.

\_\_\_\_\_ Waiver of Liability: In consideration for receiving any form of counseling from the Soul Care Lay Counseling Ministry of SMBC, the person receiving the counseling agrees to release and waive any and all claims of any kind against the ministry, the staff, the counselor(s) or the Church, which may arise from, result out of, or be related to conduct or advice given.

**I have carefully read this information sheet and agree to all of the stated terms and conditions**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# MARRIAGE COUNSELING ASSESSMENT INFORMATION

**Office Use Only:**

Assigned to \_\_\_\_\_  
 Date \_\_\_\_\_  
 Referred to \_\_\_\_\_  
 Date \_\_\_\_\_

Date \_\_\_\_\_

## PERSONAL DATA

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

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

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Date of Marriage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please list your children:

Name	Age	Does child reside in your home? <i>Check One</i>	<i>Check One</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent

## SPIRITUAL INFORMATION

Are you a born again Christian? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Are you a member of Saint Mark? \_\_\_\_\_

If no, what church do you attend? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Please list any ministry involvement:

\_\_\_\_\_  
 \_\_\_\_\_

**ASSESSMENT INFORMATION**

Are you and your spouse currently (Circle one):    Living together    Living Separately

If separated, how long? \_\_\_\_\_

Have you ever been to counseling as a result of problems with this relationship prior to today? \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_

If yes, what was the outcome of that counseling? \_\_\_\_\_

\_\_\_\_\_

Have you or your spouse been in marriage counseling before? \_\_\_\_\_

If yes, briefly explain why? \_\_\_\_\_

\_\_\_\_\_

Do you believe there is a problem in your marriage? \_\_\_\_\_

If yes, briefly explain the problem(s) from your point of view: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If more than one problem exists, what do you consider to be the most serious problem?

\_\_\_\_\_

\_\_\_\_\_

Approximately how long has the problem existed? \_\_\_\_\_

As a result of your problem, have you or your spouse threatened to separate or divorce? \_\_\_\_\_

Have either you or your spouse consulted a lawyer about divorce? \_\_\_\_\_

Do you or your spouse drink alcohol or take drugs to intoxication? \_\_\_\_\_

If yes, please state which of you, frequency of use, and substance used: \_\_\_\_\_

\_\_\_\_\_

Is there physical abuse in the relationship? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

What personally could you do to improve the marriage regardless of what your spouse does?

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In your situation, what would change look like?

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On a scale of 1 to 10, rate your problem with 1 being the problem at its worse: \_\_\_\_\_

Below are dots representing different degrees of happiness. The middle point "happy" represents the average degree of happiness in most marriages. Circle the dot that best describes your happiness.

