



Marriage Counseling Information Packet

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 before an appointment can be made.**
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

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 _____

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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

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

Are you a member of Saint Mark? _____

If no, church Membership & Pastor _____

List 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 individual 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?
