

COUPLES INTAKE FORM

Thank you for choosing Biblical Counseling. Please complete this form individually and honestly. All responses are kept confidential.

SECTION 1: PERSONAL INFORMATION

Full Name:	
Date of Birth: Age:	
Address:	
Phone Number(s):	
Occupation:	
Spouse's Full Name:	
Date of Birth: Age:	
Phone Number(s):	
Date of Marriage:	
Children (names and ages):	

SECTION 2: MARITAL RELATIONSHIP

How would you describe your marriage currently?

What do you believe are the main strengths in your relationship?

What do you believe are the main challenges or struggles?

flave you of your spouse ever received counseling before. Tes 7 10	Have you or your spouse	ever received counseling before? Yes	/ No
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If yes, when and with whom? _____

Have there been any separations or threats of divorce? Yes / No

What are your goals for counseling?

SECTION 3: SPIRITUAL BACKGROUND

Do you consider yourself a Christian? Yes / No

Briefly describe your salvation experience:

Do you and your spouse attend church regularly? Yes	/ No
Name of church:	
Are you involved in ministry or small groups? Yes	/ No

Do you and your spouse pray or read the Bible together? Yes / No

SECTION 4: TEMPERAMENT

Temperament is the inborn part of man that determines how he reacts to people, places, and things. It influences our attitudes, choices, and responses to life's challenges. Understanding your temperament can help uncover your strengths and struggles, allowing counseling to be more precise and personally tailored. We utilize the Temperament Analysis Profile (T.A.P.) developed by the National Christian Counselors Association (N.C.C.A.). This tool helps identify your God-given temperament in three areas: Inclusion (social orientation), Control (decision making), and Affection (deep relationships). This understanding enhances your spiritual and emotional growth.

Have you ever taken a Temperament Analysis Profile? Yes / No

What is your understanding of your temperament?

SECTION 5: CONSENT AND AGREEMENT

I understand that the counseling provided will be based on Biblical principles. I consent to receive counseling based on scriptural truth and commit to participate fully in the process.

Signature: _____

Date: _____

Spouse's Signature:

Date: _____