

Davis Affordable Professional Counseling

Dezaree Finch, Master of Science in Marriage, Family, and Child Counseling
Licensed Marriage and Family Therapist
86256
Office: 5100 Chiles Road, Suite 202, Davis, CA 95618
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530-848-1561

PRE-ENGAGEMENT/PRE-MARITAL COUPLE'S INTAKE

Please fill out the following intake information as completely as possible. Thank you.

Date: _____

Your Full Name: _____ (AKA's): _____

Birth date: _____ Age: _____

☐ Single/Dating ☐ Married Date _____ ☐ Divorced Date _____ ☐ Widowed Date _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Home Phone: _____ Cell: _____ Work: _____

Employment Position and Place: _____

Children: Full Name Age Living at home? (Y/N) School Name & Location

1. _____

2. _____

3. _____

4. _____

5. _____

Emergency Contact (Name, Phone, Relationship): _____

How were you referred to me? _____

Doctor/Hospital Name: _____ Phone: _____

Current Prescribed/Over the Counter (like ibuprofen) Medications and Recreational Drug Use:

Name: _____ Amount: _____ Why are you taking this medication?: _____

Name: _____ Amount: _____ Why are you taking this medication?: _____

Name: _____ Amount: _____ Why are you taking this medication?: _____

Name: _____ Amount: _____ Why are you taking this medication?: _____

Name: _____ Amount: _____ Why are you taking this medication?: _____

Are there any current challenges, big or small, in the relationship?:

Previous Counseling: (Who? When? How long? Outcome?): _____

What culture(s), ethnicity, and/or heritage do you associate with?: _____

Do you have any religious and/or spiritual beliefs?: _____

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How much sleep do you average per night?: _____ Do you feel tired after being awake for 30 minutes? _____

What does your exercise habits look like?: _____

When was the last time you had medical exam that included bloodwork? What were the results? _____

Does anyone in your family have any known mental health challenges? Any treatment?: _____

Have you or anyone in your family ever used any kinds of drugs, including alcohol?: _____

Any current use by you or your significant other?: _____

What was your relationship like with your family growing up?: _____

Was there any violence: physical, emotional, sexual, and psychological abuse that has happened with you or anyone else in your family?: _____

Have you or anyone in your family attempted to kill themselves or harm themselves in anyway? Any current thoughts of suicide?: _____

Have you been in any situation that resulted in your arrest or conviction for a crime?: _____

Do you see or hear things that other people do not see or hear?: _____

Has there been any type of cheating in this relationship? If yes, by who?: _____

Has there been any violence in this relationship? If yes, by who?: _____
Any current violence? _____

What are your expectations of our time together? _____

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Why is this the right time to marry? _____

Below is a typical agenda for pre-engagement/pre-marital counseling. Is there anything you would like to add to our agenda? Any concerns with this agenda?

Process, Review, and Explore	Homeworks
1. Initial session: Introduction (confidentiality, fees, cancellations, structure, hospitality, legal/ethical concerns), review the Couple's Assessment, review Pre-marital Counseling Agenda, explore any current concerns about the relationship's future	1. 'Love Language's', "Six Things Women Wish Men Knew About Them", "10 Things Guys Wish Women Knew About Men", Myers Briggs Personality Test, Addictions, Signs of an Abusive Personality, Healthy and Unhealthy Relationships
2.Exploring who you are and who your partner is: 'Love Language's', "Six Things Women Wish Men Knew About Them", "10 Things Guys Wish Women Knew About Men", Myers Briggs Personality Test, Addictions, Signs of an Abusive Personality	2. Relationship Satisfaction Survey
3. Continue to explore who you are and who your partner is, Relationship Satisfaction Survey, Important areas to establish in the relationship now	3. Establishing Important Areas in the relationship
4. Important Areas in the Relationship check-in, Unrealistic Marriage Expectations, The Basics	4. Getting Real Couple's Questions
5. Getting Real Couple's Questions, How to Communicate Effectively-AAVFE, conflict resolution skills	5. Fair Fighting, assertive communication, expressing empathy
6. Exploring family history, Dealing with In-Laws	6. Financial Management
7. Sex and Affection	7. Sex and Affection
8. Self-Care: successful people traits, cognitive distortions, diet & exercise	8. Mental Health Assessment
9. Mental Health Assessment, Avoiding Divorce: Demon Dialogues, Vulnerability Factors	9. Avoiding Divorce: Good Enough Marriage, Don't Sweat the Small Stuff, Trust, Grief and Loss, Affairs
10. Children and Parenting, Love and Logic Parenting	10. Children and Parenting, Love and Logic Parenting
11. Review, Closing	

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Suggested Future Check-in's:

4 weeks before the wedding (Approximately 1 session)

6 months after the wedding (Approximately 1 session)

1 year after the wedding (Approximately 2 sessions)

5 years after the wedding (Approximately 4 sessions)

10 years after wedding (Approximately 4 sessions)

During the 1st year of having your 1st child (Approximately 4 sessions)

Important Websites you will have as homeworks:

www.5lovelanguages.com (click on “learn your love language”)

www.16personalities.com (click on “take the test”. After you receive the results, click on “Romantic Relationships”)

“The Science of Pornography Addiction (SFW)” on youtube

www.dezareefinch.com

Materials Needed:

Notebook

Binder to keep articles and homeworks