

## Beacon Counseling Marital Report

*The following questions are designed to gather information about you and your health, and your marriage.  
This information is voluntary and may aid in the identification of conditions that are relevant to services provided to you.*

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Client Name: \_\_\_\_\_ Client Birth Date: \_\_\_\_\_  
 Client Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Client Social Security Number: \_\_\_\_\_ Client Gender: \_\_\_ M \_\_\_ F  
 Home Phone: \_\_\_\_\_ May we contact you at home? \_\_\_ Yes \_\_\_ No  
 Emergency Contact Person: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact you at work? \_\_\_ Yes \_\_\_ No

**Please list all persons living in client's current household (exclude self):**

Last Name	First Name	Relationship to Client	Sex	Birth Date	Health Status
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**Please list all persons in client's family of origin (your family growing up) if different than current household:**

Last Name	First Name	Relationship to Client	Sex	Birth Date	Health Status
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**Presenting Concern** (What brings you in for counseling?): use back of last page if necessary

What symptoms do you experience as a result of this concern? (physical and/or emotional)

What will be different if counseling is successful?

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\_\_\_\_ Last updated 05/08/2001

**Client's Present Physical Condition:**

Height? \_\_\_\_\_ Weight? \_\_\_\_\_ Appetite? \_\_\_\_\_

**Please check/comment:**

	Good	Fair	Poor
General Health			
Vision			
Hearing			

Effects of operations?

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Any bowel/urinary malfunctions?

Any use of (Please check and indicate frequency): Alcohol? \_\_\_\_\_ Drugs? \_\_\_\_\_ Tobacco? \_\_\_\_\_

Caffeine? \_\_\_\_\_

Do you have any allergies? \_\_\_\_ No \_\_\_\_ Yes If yes, please list:

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**Please list any prescribed medication that you are currently using:**

Medication	Dosage/Frequency	Prescribing Doctor/Phone #

Do you have any significant physical problems or limitations? \_\_\_\_ No \_\_\_\_ Yes If yes, please explain:

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Personal physician's name / phone #, if applicable?

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Approximately how long ago were you examined by your personal physician?

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**Previous Outpatient Counseling Treatment:**

Agency Name	Address/Phone	Dates of service	Therapist's name	Medications

What was helpful from previous counseling?

**Previous Inpatient Mental Health or Substance Abuse Treatment:**

Institution	Address/Phone	Dates of service	Doctor/Therapist's name(s)

What was helpful from these services?

## Marital History

Please indicate previous marital history (prior to current marriage):

Ex-spouse's Name	Divorce, Dissolution, or Death	Date of Event	Reason Marriage Ended

**Wedding Date:** \_\_\_\_\_

**Dating / Engagement:**

1. Dating: how did you two get together?
2. What were you looking for in a dating relationship?
3. How were you relating to your parents when you were dating?
4. What was your parent's marriage like when you were dating?
5. How much dating had you done prior to meeting your spouse to be?

**Engagement:**

6. How did your father feel about the engagement?
7. Your mom?
8. Who did you get along with best at the time? Why?

**Before Marriage:**

9. Sexual activity before marriage?
10. Pregnancy?
11. Living arrangements?
12. Any abortions prior to or after wedding?
13. How were each of you absorbed or received into the other's family?

**FOO (Family of Origin) Questions:**

1. How did you (do you) know how to be married? (What kinds of role models do you have?)
2. What was your parents' marriage like?
3. How would your parents resolve conflicts or differences when you were growing up?
4. How did they fight?
5. How did they make-up?
6. How did they communicate feelings to each other and/or to the kids?
7. How well did each of your parents relate to each other sexually?
8. How (who/what) did they discipline the kids?
9. What was the one thing that you wish you had gotten from your parents growing up that you did not?
10. How much is your partner like your father/mother? In what ways?
11. What was it like for you and your parents when you left home (moved out on your own)?
12. Describe any history of mental or emotional illness in your family while you were growing up.
13. Describe any history of alcohol or drug abuse in your family while you were growing up.
14. Describe any history of physical or sexual or emotional abuse in your family while growing up.
15. How close are you to your parents now?
16. How close is your partner to his/her parents now?

**Parenting:**

1. How many years were you married before you had kids? Planned?
2. How many pregnancies have you had? What were they like?
3. Any miscarriages? How did you grieve the losses? Your partner?
4. How do you know how to parent? Role models etc.
5. What are your strengths as a parent? Weaknesses?
6. How do you view your parenting style? (Strict, lenient, patient, authoritarian, etc.)
7. In what ways are the grandparents involved with the kids?
8. In what ways is parenting an issue for you both?

**Marriage:**

1. When the marriage was good, what made it good?
  
2. When did it begin to change? (What was happening?)
  
  
3. Rating 1 to 10:  
The marriage *now* (What number?)  
The marriage at its *best* (What number and when?)  
The marriage at its *worst* (What number and when?)
  
4. What would it take to move it up one number right now? Up two numbers?
  
  
5. How well do you play together? Describe.
  
6. How well does your partner listen?
  
7. How well do you listen?
  
8. How do the two of you go about resolving conflict? (patterns?)
  
  
9. How do you manage anger?
  
  
  
10. How does your partner manage anger?
  
  
  
11. Your partner's 3 greatest strengths/weaknesses?
  
  
  
12. Describe any sexual issues in your marriage.

**Power:**

1. How do you feel about how your spouse handles money?
2. Who handles the money in the home and how? How was this decided?
3. Who initiates sex? Under what circumstances does he/she initiate sex?
4. How do the two of you discuss your sexual needs and desires?
5. What kinds of different and similar responsibilities does each of you have with the children? How was this decided?
6. Who of the two of you has the most influence upon each of the children?

**Religious Life:**

1. What role did religion play in your home life as a child?  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have any denominational ties?  
\_\_\_\_\_
3. What were your ideas of God when you were a child?  
\_\_\_\_\_  
\_\_\_\_\_
4. In what ways are you and your partner similar or different in your religious beliefs?  
\_\_\_\_\_
5. Are you a practicing Christian? \_\_\_\_ No \_\_\_\_ Yes (if no, please disregard the next section)

**Christian Belief System:**

How did you become a Christian? When?  
\_\_\_\_\_  
\_\_\_\_\_

Do you pray regularly? \_\_\_\_ Yes \_\_\_\_ No      Do you read the Bible regularly? \_\_\_\_ Yes \_\_\_\_ No  
Do you feel that your Christianity has made your conscience too severe?  
\_\_\_\_\_

Do you suffer feelings of guilt? \_\_\_\_ Yes \_\_\_\_ No      Are you fearful of hell? \_\_\_\_ Yes \_\_\_\_ No  
Are you fearful of the unpardonable sin? \_\_\_\_ Yes \_\_\_\_ No      Of not being forgiven? \_\_\_\_ Yes \_\_\_\_ No  
Who is your favorite Bible character? \_\_\_\_\_ Why?  
\_\_\_\_\_  
\_\_\_\_\_

What is your favorite Bible passage? Why?  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider to be the worst sin a person could commit and why?  
\_\_\_\_\_

\_\_\_\_ Briefly describe your view of a Biblical marriage:  
\_\_\_\_\_

