## Jill Buehler Knerr, LCSW

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## **Pre-Marital Counseling Information**

Complete Name:	
Age:	Date:
Phone: (Home)	(Cell)
Email:	
Current Address:	
Address after the wedding:	
Proposed wedding date:	
Highest level of education:	
Schools attended:	
Occupation:	
Employer:	
Have you been previously married?	_
If so, give reason for separation: Death _	Divorce:
If separated by divorce, what do you think	c led to the dissolving of our marriage?
When did your divorce become final?	
Is your previous spouse remarried?	
Do you have children from your previous Name(s) and age(s):	-

If you have children from a previous marriage, what is your commitment to them? (i.e., shared custody plan, visitation schedule, etc.)

Why do you think that this marriage will be more successful?

Family Background (Circle the appropriate response)				
In my family, I am (was): oldest child middle	ə child	only child	youngest	
During my childhood, my parents were: married only once separated/divorced		one or more deceased		
My parents' marriage was: very happy usually happy	some	times troublec	d quite poor	
Was there substance abuse in our family?	Yes	No		
Do both sets of parents favor your marriage?	Yes	No		
How do you get along with each other's friends and relatives? very well fairly well in most cases well not that well poorly				
<b>Courtship</b> How did you meet?				
How long have you known each other?				
How long has the courtship been?				
When did you become engaged?				
Do you have any friends in common?				
What hobbies or interests do you enjoy in common?				
What hobbies or interests do you enjoy separately?				
What do you consider our greatest points in common?				
What do you consider your greatest differences?				

How have you addressed disagreements during your courtship?

## Finances

Who will work and in what capacity (full or part-time) after marriage?

Who will handle the finances in your marriage?

Would information regarding finances or family budgeting be helpful to you?

If so, what areas would be of greatest interest:

Life insurance	Investments
Real Estate	Saving for College
Use of Credit	Other

## Health, Sexuality and Family

What is the condition of your health?

When was your last physical?

Do you have any questions regarding sexuality?

How many children (if any) do you hope to have?

How soon after marriage do you want to start a family?

Do you have reliable information on birth control?

Do you have questions about spacing or family planning?

What things concern you most about your approaching marriage?

Questions/topics you would like to discuss during your premarital counseling:

What are your plans for continuing your courtship after marriage?

Additional concerns/questions: