MARITAL INFORMATION FORM

Name: _____ Age: _____ Date: _____

Address: _____
Street City State Zip

What is your purpose in coming to marital therapy? _____

_____

Is this your first marriage (circle one)? YES NO

If no, how many times have you been married? _____

How long have you and your present spouse been married? _____

Are you and your spouse presently living together (circle one)? YES NO

If no, why are you separated? _____

How many times have you and your spouse separated? _____

Fill out the following information for each child of whom the natural parent is both you and your partner, children from previous relationships, and adopted children.

Whose child: indicate B = Both of ours, natural child BA = Both of ours, adopted
M = My natural child MA = My child adopted
S = Spouse's natural child SA = Spouse's adopted chld

Child's Name	Age	Sex	Whose Child	Lives with you
_____	_____	M F	_____	YES NO
_____	_____	M F	_____	YES NO
_____	_____	M F	_____	YES NO
_____	_____	M F	_____	YES NO
_____	_____	M F	_____	YES NO
_____	_____	M F	_____	YES NO
_____	_____	M F	_____	YES NO
_____	_____	M F	_____	YES NO

List 3 qualities that initially attracted you to your spouse:	Does your spouse still have this trait?
_____	YES NO
_____	YES NO
_____	YES NO

List 3 concerns you initially had in the relationship:	Does your spouse still have this trait?
_____	YES NO
_____	YES NO
_____	YES NO

List 3 things you do/could do to make your relationship more fulfilling for your partner:	Has this been fulfilled?
_____	YES NO
_____	YES NO
_____	YES NO

List 3 things your partner does/could do to make your relationship more fulfilling for you: Has this been fulfilled?

_____ YES NO
_____ YES NO
_____ YES NO

List 3 expectations/dreams you had for your relationship: Has this been fulfilled?

_____ YES NO
_____ YES NO
_____ YES NO

List 3 positive aspects of your marriage:

_____
_____
_____

List 3 negative problematic aspects of your relationship:

_____
_____
_____

Check any current symptoms you are experiencing.

☐ Depressed mood	☐ Anxious mood	☐ Excessive need to talk	☐ Work problems
☐ Low self worth	☐ Muscle tension	☐ Easily distracted	☐ Marital problems
☐ Fatigue	☐ Excessive worries	☐ Racing thoughts	☐ Family problems
☐ Loss of pleasure	☐ Phobias	☐ Irritable/angry mood	☐ Parenting problems
☐ Hopelessness	☐ Compulsions	☐ Disorganized thoughts	☐ Sexual difficulties
☐ Thoughts of dying	☐ Chest pain	☐ Hallucinations	☐ Legal difficulties
☐ Insomnia	☐ Social Anxiety	☐ Suspicious thoughts	☐ Bingeing/purging
☐ Hypersomnia	☐ Panic attacks	☐ Memory problems	☐ Restrictive eating
☐ Poor concentration	☐ Recurring thoughts	☐ Increased drug/alcohol use	☐ Gambling problems
☐ Weight loss/gain	☐ Fear of public places	☐ Impulsive behavior	☐ Nightmares
☐ Suicidal thoughts	☐ Violent behavior	☐ Other _____	

Check any current symptoms you have observed in your partner.

☐ Depressed mood	☐ Anxious mood	☐ Excessive need to talk	☐ Work problems
☐ Low self worth	☐ Muscle tension	☐ Easily distracted	☐ Marital problems
☐ Fatigue	☐ Excessive worries	☐ Racing thoughts	☐ Family problems
☐ Loss of pleasure	☐ Phobias	☐ Irritable/angry mood	☐ Parenting problems
☐ Hopelessness	☐ Compulsions	☐ Disorganized thoughts	☐ Sexual difficulties
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☐ Weight loss/gain	☐ Fear of public places	☐ Impulsive behavior	☐ Nightmares
☐ Suicidal thoughts	☐ Violent behavior	☐ Other _____	