

POST ANNULMENT EVALUATION WORKSHEET

Name: _____ Age ____ Date of Birth: _____

Address: _____

City: _____ Zip: _____ How long? _____ Place of Birth: _____

Phone: _____ Occupation: _____

Alt: Phone: _____ Employer: _____

Religion of Childhood: _____ Current Religion: _____

Church you attend: _____ How often? _____

If presently married, give place and date: _____

General state of health: Excellent; Good; Fair; Poor

Are there any significant past or present medical problems? Yes; No. If "Yes," please explain briefly:

Any history of alcohol or substance abuse? Yes; No. If "Yes," please explain briefly:

Any history of abuse? (verbal, emotional, physical, sexual) Yes; No.

If "Yes," check any which apply and explain briefly. Victim; Perpetrator; Both

What was your family of origin like?

What was your relationship with your parents like? _____

Describe the relationship between your parents. _____

What behaviors that your parents engaged in would you like to incorporate a a spouse/parent? _____

What behaviors would you like to eliminate? What would you substitute that behavior with? _____

What did you learn from your previous relationships? _____

What part did you play in the break-up of your previous relationships? _____

What do you plan to do differently in your present relationship? _____

MARITAL HISTORY

1st Marriage

2nd Marriage

3rd Marriage

1. Age when you married: _____

2. Name of Spouse: _____

Maiden, if female

3. How old was your spouse? _____

4. How long did you date? _____

5. Length of engagement? _____

1st Marriage

2nd Marriage

3rd Marriage

6. Number of children:	_____	_____	_____
7. Length of Marriage:	_____	_____	_____
8. Date of Marriage:	_____	_____	_____
9. Date of Separation:	_____	_____	_____
10. Date of Divorce:	_____	_____	_____
11. Date of Annulment:	_____	_____	_____
12. Protocol #:	_____	_____	_____
13. Death of Spouse:	_____	_____	_____

List all children, giving names, birth dates, and places of residence:

PRESENT RELATIONSHIP

1. How long have you known each other? _____

2. How long have you dated each other exclusively? _____ 3. How long have (were) you engaged? _____

4. Are you presently married? Yes; No. If "Yes", Civil Ceremony; Religious Ceremony

5. Where were you married? _____

6. What specific areas of conflict are you experiencing or have you experienced? _____

7. How do you resolve conflict? _____

8. How are decisions made in your relationship? _____

9. How satisfied do you feel in your current relationship? _____

10. Do you identify any behaviors or patterns in your relationship that are of concern to you? _____

11. What about this relationship convinces you it will be a lasting one? _____

ANSWER BRIEFLY ABOUT YOURSELF

Talents: _____

Strengths: _____

Weaknesses: _____

Comfortable situations: _____

Uncomfortable situations: _____

ANSWER BRIEFLY ABOUT YOUR (INTENDED) SPOUSE

Talents: _____

Strengths: _____

Weaknesses: _____

Comfortable situations: _____

Uncomfortable situations: _____

I attest to the accuracy of the information contained in this questionnaire.

Signature: _____

Date: _____

Printed Name: _____

Please return to Bill Brislin, LMHC via mail or scanned as an email attachment before scheduling appointment.