Live
FULLY ENGAGED
MINISTRIES

Couples Application

General Information					
Name:					
Address:					
City:		State:		Zip Code:	
Phone – Home:	(_____) ________-__________	Cellular:	(_____) ________-___________		
Work:	(_____) ________-__________	Fax:	(_____) ________-___________		
Email Address:					
Marital Status:	____Single ____Married ____Separated ____Divorced ____Widowed				
If married, how many years?		If divorced, how many years?			
Have you ever been in counseling?	_____ No _____ Yes – If yes when?				
Are you now in counseling?	_____ No _____ Yes – If yes, how long?				
With whom are you counseling?					
If you were referred, by whom?					

Briefly describe what you would like to accomplish in counseling.

Husband:	Wife:

Briefly describe your original family.

Husband:	Wife:

Do you regularly use legal or illegal medications? Alcohol?

Husband: ____Yes ____No	Wife: ____Yes ____ No

By our signatures below, we signify that we are both committed to keeping our appointments and working on our individual and marital issues. Also, we understand that it is required that we not bring other family members (children) with us to this appointment unless it is recommended by LFEM or we are parents and bringing our child/teen for help.

Signature: ______________________________	Signature: ______________________________
Date: ____/____/______	Date: ____/____/______

For LFEM Use Only: For Counselor: ______________________ Date Received: ___/___/____