

From the Office of
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Pre-Marital Information Form

Client Name _____ Date of Visit _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Home Telephone _____ Permission to call? ___ Leave Message? ___

Work Telephone _____ Permission to call? ___ Leave Message? ___

Cell Telephone _____ Permission to call? ___ Leave Message? ___

Date of Birth _____ Marital Status _____ Social Security # _____

Employed by _____ Position _____

Name of Partner _____ Social Security # _____

Employed by _____ Position _____

Name and Ages of Children and others in your household

Primary Care Physician _____ Telephone _____

Current Medical Problems _____

Current Medications _____

Previous Counseling History: (therapist, dates, problem, outcome)

What qualities do you value most in your partner?

What would you like to happen as a result of coming here?
