

COUPLES ONLINE PRE-INTERVIEW QUESTIONNAIRE

With

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Thank you so much for inquiring about our relationship counseling services. It is helpful for us to know a little bit about your situation so the four of us can determine what relationship program best meets your needs.

Please complete this form – one each - and return by private fax to us at 248-498-6006 or email to us at counseling@couplestransformations.com You will receive a call by one of us or our assistant to schedule a free 20 minute telephone personal interview.

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Eve Phone: _____

Email: _____

Your Partner's Name: _____

Please tell us a little about you....

1. What is the length of your present relationship?
2. Currently are you? [Please circle one]
 - A. Dating?
 - B. Living Together?
 - C. Engaged?
 - D. Engaged & Living Together?
 - E. Married?
 - F. Separated?
 - G. Divorced?
 - H. Attempting Reconciliation?

8. Are you a therapist? Yes ___ No_____

9. How did you hear about us? (Please circle as many as applicable]

A. Letter/Brochure

B. Spouse/Partner

C. Read Book

D. Another Workshop

E. Lecture By Jesse & Melva

F. Therapist/Relative

G. Friend

H. Other _____

10. What factor(s) were instrumental in your decision for this consultation?

11. What is the most important question that you would like answered about your relationship?

Thank You

