

**David T. Wood, MA, LMFT**  
*Marriage & Family Therapist*

## **Service Agreement for Premarital Counseling**

The Premarital Counseling Package offered includes five 1½ hour sessions and a PREPARE assessment. The PREPARE instrument is administered during the first session and results are processed and received about two weeks later for review. A workbook is also included in the Package. Any additional materials or sessions are at the clients' discretion to purchase.

Payment of the package price (\$245.00) is expected at the first session, and includes the workbook, "Before You Say 'I Do'". Please make your check out to "**David T. Wood.**" Additional sessions may be arranged, and are assessed at the standard rate as listed in the Professional Disclosure Statement. Please refer to the PDS for additional specific information regarding my counseling practice.

**Please note that if you do not show up for a scheduled appointment and you do not call to cancel with at least 24 hours notice, a \$25 "no-show" charge will be added to your counseling fee.**

*Our signatures indicate that we have read and understood the above agreement and will abide by its conditions:*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

***Congratulations*** on your commitment to explore this wonderful and special partnership together!

**PREMARITAL COUNSELING INFORMATION**

Bride's Name (age) \_\_\_\_\_ ( ) Groom's Name (age) \_\_\_\_\_ ( )  
Phone #'s (home) \_\_\_\_\_ Phone #'s (home) \_\_\_\_\_  
(work) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Occupation & Employer \_\_\_\_\_ Occupation & Employer \_\_\_\_\_  
\_\_\_\_\_  
Home church \_\_\_\_\_ Home church \_\_\_\_\_

Brief relationship history (how you met, any breakups, etc.). How long together.

Previous marriage/long-term romantic relationships? (from - to / ended because):

Children? (names & ages; your care-taking responsibilities, if any):

Previous counseling experience:

Any personal conditions or issues which might affect our sessions together (physical, medical, psychological, etc.):

Current living arrangements:

Minister performing ceremony:

*We signify by our initials below that our presiding pastor may be informed of our premarital counseling progress.*

Date & location of wedding:

\_\_\_\_\_  
BRIDE GROOM

**PREMARITAL SESSIONS**

*This Page for Office Use Only*

Survey used:  PREPARE  PREPARE M-C  PREPARE CC  Other \_\_\_\_\_

Book(s) used:  SYGM  BYSID  SYMBIS  BYR  Other \_\_\_\_\_

**PROGRESS NOTES**

Session \_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session \_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session \_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session \_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session \_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session \_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments:

Pastor informed?  Yes  No \_\_\_\_\_

Referral?  Yes  No \_\_\_\_\_

Follow up?  Yes  No \_\_\_\_\_