



Lakeside Psychological Evaluations and Family Consulting, LLC

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Marital History Questionnaire

Name: _____ Phone: _____

Address: _____

Spouse's Name: _____

Date of Marriage: _____ Years Married: _____

Child(ren) name(s):

Date of Birth:

Currently lives with:

Currently Separated? ___ Yes ___ No Date of Separation: _____

Filed for Divorce? ___ Yes/ ___ No Date of Filing : _____

Who Filed? _____

Your attorney's name _____ Phone: _____

Spouse's attorney's name _____ Phone: _____

Did you expect this separation/divorce? ___ No ___ Yes, since _____

Did you want this separation/divorce? ___ Yes ___ No ___ Mixed

If previously married, list the date(s) of previous marriages and divorces:

FACTORS CONTRIBUTING TO DECISION TO SEPARATE/DIVORCE: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Recently had difficulty communicating | <input type="checkbox"/> Drug/Alcohol Abuse |
| <input type="checkbox"/> Always had difficulty communicating | <input type="checkbox"/> Abuse/Neglect of Children |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Neglect of Home |
| <input type="checkbox"/> Unfaithful, affair | <input type="checkbox"/> Occupational Issues |
| <input type="checkbox"/> Suspiciousness, jealousy | <input type="checkbox"/> Educational Issues |
| <input type="checkbox"/> Sexual difficulties | <input type="checkbox"/> Fell out of Love |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Differences in Interests |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Differences in priorities |
| <input type="checkbox"/> Verbal abuse | <input type="checkbox"/> Different Expectations about Marriage |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Different Expectations about Family Life |
| <input type="checkbox"/> Other (explain) _____ | |
-

MAJOR LIFE CHANGES IN LAST 12 MONTHS: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Started school or training | <input type="checkbox"/> Health Problem (self, spouse, children) |
| <input type="checkbox"/> Graduated school or training | <input type="checkbox"/> Alcohol/Drug problem |
| <input type="checkbox"/> Entered job market | <input type="checkbox"/> Began Psychotherapy |
| <input type="checkbox"/> Changed job | <input type="checkbox"/> Significant weight gain/loss |
| <input type="checkbox"/> Lost job | <input type="checkbox"/> Death of Pet |
| <input type="checkbox"/> Moved residence | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Financial troubles | <input type="checkbox"/> Miscarriage |
| <input type="checkbox"/> Increased financial responsibilities | <input type="checkbox"/> Fertility Problem |
| <input type="checkbox"/> Legal problems | <input type="checkbox"/> Abortion |
| <input type="checkbox"/> Arrested or jailed | <input type="checkbox"/> Changes in Childcare |
| <input type="checkbox"/> Separation or divorce of friend or relative | <input type="checkbox"/> Children in trouble at school |
| <input type="checkbox"/> Menopause | <input type="checkbox"/> Auto accident |
| <input type="checkbox"/> Midlife crisis | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Victim of a crime | <input type="checkbox"/> Major new Expenses |

Other (explain): _____

PERSONAL CONCERNS AND PRIORITIES:

AT THIS TIME, of major change in our family:

I worry that I will _____

I worry that my children will _____

I think that my spouse will _____

I think the separation/divorce will _____

WITH REGARD TO THE FUTURE:

I worry that I will _____

I worry that my children will _____

I think that my spouse will _____

I think the separation/divorce will _____

Check all current sources of emotional support:

- Family
- Religion or spiritual practice
- Friends
- Therapist/counselor
- Neighbors
- Lawyer
- Coworkers
- Others: _____

This form is modified from its original and was provided by The Collaborative Family Law Council of Wisconsin

