

Marriage and Family Counseling Service

www.soencouragement.org/counseling ♥ info@soencouragement.org ♥ 327 1980 ♥ P.O. Box CB-13019, Nassau, Bahamas

Pre-Marriage Medical Check Up

Dear Doctor, would you kindly conduct a medical checkup of _____
and _____, in preparation for their marriage to include at least
the following:

1. Blood type (rhesus type included)
2. Sickle cell
3. Tuberculosis
4. Sexually Transmitted Infections
5. General Health
6. Men's Health *including reproductive health* (Urologist)
7. Women's Health *including reproductive health* (Gynecologist)
8. Discuss contraceptive options
9. Any other examination the doctor feels important

The couple is asked to take the medical results to next counseling session.

General Information of Couple

Date of Marriage: _____

His Birth _____

Her Birth _____

Relationship Status: _____

Employment: _____

Sincerely

Barrington H. Brennen, MA, NCP, BCCP, JP

Marriage & Family Therapist

Nationally Certified Psychologist, USA

Board Certified Clinical Psychotherapist, USA

Justice of the Peace, The Bahamas

Note: *Each individual may go to his or her own doctor,
However, they should be together at each visit.*