

PARENTING FACILITATION INTAKE FORM

CLIENT Full Name: _____ Marital Status: _____
First Middle Last

Is this your legal name? YES NO If **NO**, what is your **legal** name? _____

Date of Birth: _____ Age: _____ Gender: MALE FEMALE

Street Address: _____ Home Phone NO: _____

City/State/Zip: _____ Cell Phone NO: _____

Occupation: _____ Employer: _____ Work Phone NO: _____

Student: YES NO School: _____ No. of Yrs. Attended: _____ Graduate: YES NO

Email: _____ Alternate Email: _____

Therapist: _____ Social Security Number: _____

Referred to Provider by *(Please check box)*:

DR. _____ FRIEND FAMILY COLLEAGUE COURT ORDER
 WEBSITE: _____ Close to: HOME WORK OTHER: _____

Since your initial court appearance, have you or another initiated any court proceedings? YES NO

If YES, what for: _____

Have you had any of the following? *(Check all that apply.)*

Child Custody Evaluation Psychological Evaluation Mental Health Treatment

Do you or the other person involved in your case consume alcohol? YES NO

If YES, who: _____ Frequency and Amount: _____

Attorney Information

Your Attorneys Name / Firm: _____

Attorneys Address: _____

Is there an Ad Litem or Amicus Attorney Assigned? YES NO If YES, who? _____

Relationships

Are you currently in a relationship? YES NO

If YES, his/her **Name**: _____ and **Age**: _____. **How long?** _____

List **all** relationships within the past **10 years**.

(Start with most recent, include dates or relationship, if married, and reason for separation).

	Name	Start Date	End Date	Married	Reason for Separation
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Child(ren) Involved in Case:

	Name	Age	DOB	Gender	Your Relationship
1.					
2.					
3.					
4.					
5.					

What is your parenting time schedule? _____

Please list the days of the week including exchange location:

Medical History/Behavioral Health Information

If any adult involved in the case is taking prescription medication, has any physical disability, chronic medical condition, received counseling, psychological, or any other behavioral health treatment, please complete the following:

	Person	Contact Information	Condition and Type of Medication(s)	Telephone	Date(s) of Treatment
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Do **you** take any prescription medication(s)? YES NO If YES, what/Prescribing Doctor(s)?

Does **anyone** involved in the case have a history of or been treated for drug and alcohol abuse? YES NO

If YES, please explain: *(Include Dates)* _____

Children's Medical/Behavioral Health Information:

Name, address, and telephone number(s) of the child(rens) Physician(s): _____

or Visit to Urgent Care Clinic, last date, and reason for visit: _____

Have any of the child(ren) been treated for a current or chronic health problem? YES NO

If YES, for what condition and by who *(Include Dates)*: _____

Have any of the child(ren) attended counseling? YES NO

If YES, for what and by who *(Include Dates)*: _____

Does any of the child(ren) take medication? YES NO

If YES, for what condition (*Include Dates on Medication*): _____

Child(ren)'s School / Day Care

List all of your child(ren) current and previous school(s)/daycare(s), locations, and the length of attendance.

	Child	School / Day Care	Location	Start Date	End Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Does the child(ren) involved in your case have any **Behavioral Modifications** at school? YES NO

If YES, who/for what (*Include Relevant Dates*): _____

Does the child participate in any extracurricular activities? YES NO

If YES, who/what activities and by who (*please includes days/times of activates and who provides transportation*):

Criminal History:

Have you or any other person involved in the case been arrested, received deferred adjudication, been convicted of a misdemeanor, or felony, or have any criminal action pending? YES NO

If YES, who/dates (*please explain*): _____

Has any person involved in the case been on probation or parole? YES NO

If YES, who/why/dates (*please explain*) why: _____

Please list the person and Probation or Parole Officer's Contact information (*if unknown, please list the county he/she is/was on probation and/or parole*). _____

Has a protective order been issued against any person in this case? YES NO

If YES, who/why/dates (*please explain*) why: _____

Do any person(s) stay or live in your home on a part-time or full-time basis not listed on this form? YES NO

If YES, who (*please list their name and age*): _____

Have you or the other parent been involved with Child Protective services? YES NO

If YES, who (*please list date(s) and reason(s)*): _____

Co- Parent Relationship and Behavioral History

Have your or your co-parent engaged in any of the following behaviors

	Behavior	Me	Co-Parent	Mutual
1.	Slapped and or Kicked.			
2.	Punched/Grabbed/ Pulled Hair.			
3.	Pushed/ Restrained.			
4.	Reckless Driving.			
5.	Destruction of Property			
6.	Name Calling / Ridicule / Accusations / Blaming			
7.	Undermining parenting/Isolation.			
8.	Not shared information about the child's doctor's appointments, counseling, dentist, or other appointments in a timely manner.			
9.	Telling your child(ren) about court proceedings, child support, or any other legal issue.			
10.	Telling the child negative things about a parent: <i>(examples, is a liar, lazy, a cheater etc.)</i>			
11.	Making negative statements directly to the child about a new relationship.			
12.	Asking others to watch our child before asking the other parent.			
13.	Child(ren)'s clothes have been trashed or do not come back to the house.			
14.	I have not been at home or at our designated/agreed upon meeting place when it was time for the other parent to spend time with the child(ren)			
15.	Plans have been made for the child by the other parent when our child was scheduled to spend time with the other parent.			
16.	Listened to telephone calls or demand the child be on speaker phone when the child talks to the other parent.			
17.	Discussed with the child(ren) that he/she can choose where they want to live.			
18.	Our child has been to a doctor, dentist, hospital, or therapist in which the other parent was not notified.			
19.	Our child's name has been altered such as attempting to change their last name to a stepparents <i>(formally or informally)</i> .			
20.	Minimizing parental authority, such as telling the child rules do not have to be followed or they don't need to attend school and/or complete homework when with the other parent.			

Please explain any of the above (*including last date occurred occur, if a call to law enforcement was made or if court action was necessitated*): _____

Please select the most common form of contact you have with your co-parent:

IN PERSON EMAIL TEXT PHONE OTHER: _____

Signature: _____ Date: _____