Parenting Institute Intake Form

1. **Please enter your information.**

   First Name: _____ Last Name: _____

   Date of Birth: _____ Gender: ○ Female ○ Male

   Marital Status:
   ○ Single ○ Married ○ Domestic Partner ○ Separated ○ Divorced ○ Widowed

   Address: _____

   Mobile Phone: _____ Home Phone: _____ Work Phone: _____

   Email: _____

   Preferred contact method:
   ○ Mobile Phone ○ Home Phone ○ Work Phone ○ Email

2. **The term "co-parenting" describes a parenting relationship in which the two parents of a child are not romantically involved, but still assume joint legal and or physical responsibility for the upbringing of their child.**

   Please provide the name of your co-parent. _____

   Please provide your co-parent's phone number. _____

3. **What is the name of your presiding judge?** _____

4. **List all persons currently living in your household:**

	Name	Age	Sex	Relationship to you
1				
2				
3				
4				
5				

5. List children (yours / your partner's) not living in the same household as you:

	Name	Age	Sex	Relationship to you
1				
2				
3				
4				
5				

6. Have you seen a counselor previously?
   ○ Yes ○ No

   If yes, when was that?

   Please list the mental health care providers (Counselor / Psychologist / Psychiatrist)' names and phone numbers:

7. Please describe what has led you to seek Counseling now.

8. How have you been coping with this problem until now?

9. How do your current difficulties affect you?

10. What is your stress level?

    ○ Low ○ Average
    ○ Considerable ○ Unbearable

11. What are the major causes of your stress? (Marital / Divorce/Co-Parenting/ Custody issues/ Financial / Career / Family / Health / Unfulfilled expectations, etc)

12. Have you dealt with any of the following emotional / behavioural problems? Check all that apply:

- ☐ Alcohol abuse
- ☐ Chronic lying
- ☐ Distrustful
- ☐ Drug use
- ☐ Extreme worrier
- ☐ Hostile/angry mood
- ☐ Immaturity
- ☐ Impusivity
- ☐ Indecisiveness
- ☐ Not trustworthy
- ☐ Repeats words of others
- ☐ Self-injurious acts
- ☐ Stealing
- ☐ Violent temper
- ☐ Other(s)

If "other(s)", please specify

_____

13. Remember, you can ALWAYS call the ER of your local hospital, the Suicide Hotline at 1-800-273-8255 or the Resolve Crisis Hotline 1-888-796-8226

Have you ever had thoughts, made statements, or attempted to hurt yourself?

☐ Yes ☐ No

Have you ever had thoughts, made statements, or attempted to hurt someone else?

○ Yes ○ No

14. What support do you have in your life (Family / Friends / School / Work / Social activities, etc)?

_____

_____

_____

_____

15. How often do you communicate with your co-parent regarding your child/children?

_____

16. What method/s of communication you use to facilitate co-parenting?

_____

_____

_____

_____

17. How would you rate your overall co-parenting process now?

- ☐ Extremely Poor
- ☐ Poor
- ☐ Adequate
- ☐ Good

_____ _____ _____ _____

18. How would you rate the effectiveness of your co-parenting communication now?

- ☐ Totally ineffective
- ☐ Ineffective
- ☐ Adequate
- ☐ Effective
- ☐ Extremely effective

_____ _____ _____ _____ _____

19. How would you rate your level of conflict with your co-parenting partner?

- ☐ A lot of conflict
- ☐ Some conflict
- ☐ No conflict

20. What are your current co-parenting issues?

- ☐ Communication
- ☐ Conflicts
- ☐ Childcare
- ☐ School
- ☐ Extracurricular Activities
- ☐ Haircuts
- ☐ Medical
- ☐ Third Parties
- ☐ Grandparents
- ☐ Step-parent
- ☐ Live-in Partner
- ☐ Significant other
- ☐ Other

If other please describe:

21. What is your legal situation? Check all that apply:

- ☐ No legal problems
- ☐ Now on parole / probation
- ☐ Arrest(s) not substance-related
- ☐ Arrest(s) substance-related
- ☐ Court ordered this treatment
- ☐ Jail/prison (specify how many times and total time imprisoned)
- ☐ Jail/prison (specify how many times and total time spent)
- ☐ Other

If "other", please specify

22. Have you ever been convicted of a misdemeanor or felony?

- ○ Yes
- ○ No

23. Please provide the name an phone number of your attorney.

24. Have you ever filed a PFA?

- ○ Yes
- ○ No

25. **Have you ever been named in a PFA order?**

- ○ Yes
- ○ No

26. **PFA**

Do you have a PFA in effect?
○ Yes ○ No

If yes, what court is involved?

_____

If yes, who is the judge involved?

_____

If yes, who are the attorneys involved?

_____

please provide copies of the order/s and describe:

_____

What is the issue in current litigation? (Provide copies of any court order)

_____

27. **Substance usage status:**

- ○ No history of abuse
- ○ Active abuse
- ○ Early partial remission
- ○ Early full remission
- ○ Sustained partial remission
- ○ Sustained full remission

28. **Which - if any - of these substances do you currently use or have used in the past? Please use the box to indicate your age at first use and age at last use. (E.g.: Alcohol - 16, 30)**

☐ Alcohol	☐ Amphetemines	☐ Barbiturates/Owners
_____	_____	_____
☐ Caffeine	☐ Cocaine	☐ Crack cocaine
_____	_____	_____
☐ Hallucinogens (e.g., LSD)	☐ Inhalants (e.g., glue, gas)	☐ Marijuana or hashish
_____	_____	_____
☐ Nicotine/cigaretters	☐ PCP	☐ Other(s)
_____	_____	_____

If "other(s)", please specify

_____

29. **Which medications (psychotropic or not) are you currently taking?**

	Medication	Dosage	Since when?	Adverse effects	Diagnosis
1					
2					
3					
4					
5					

30. **What is your current employment situation? Check all that apply:**

- ☐ Employed and satisfied
- ☐ Employed but dissatisfied
- ☐ Unemployed
- ☐ Coworker conflicts
- ☐ Supervisor conflicts
- ☐ Unstable work history
- ☐ Disabled
- ☐ Other

If "other", please specify

_____

31. **If currently employed:**

What is your occupation?

_____

Do you enjoy your work?

_____

How many hours a day do you work?

_____

Do you take work home with you?

_____