

# The Parenting Institute

2121 Noblestown Rd, Suite 109 Pittsburgh, PA 15205

Phone: (412) 928-2299

## Intake Form

1. Please enter your information:

First name:

Last Name:

Date of Birth:

Gender Identity: Male Female

Other: \_\_\_\_\_

Current Relationship Status:

Single Married Domestic Partnership, living together Partnered, not living together  
Separated Divorced Widowed

Address:

Mobile Phone:

Home Phone:

Work Phone:

Email:

Preferred contact method:

Mobile Phone Home Phone Work Phone Email Other: \_\_\_\_\_

Are counselors from the Parenting Institute able to text/ leave you a voicemail message?

Yes No

If yes, text / voicemail / both

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:

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				
6				
7				

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

	Name	Age	Sex	Relationship to you/your partner
1				
2				
3				
4				
5				

6. Have you seen a counselor previously?

Yes No

If yes, when?

Please list the names and contact information (phone numbers and/or email addresses) of all mental health providers involved in your case: (This includes Counselor(s), Psychologist(s), Psychiatrist(s), etc....):

7. Please describe what has led you to seek counseling now:

8. How are the current difficulties affecting you?

9. What is your stress level?

Low

Average

Considerable

Unbearable

10. a. What are the major causes of your stress? Check all that apply:

Marital Divorce Co-Parenting Custody Issues Financial Career Family Health  
Unfulfilled Expectations Other: \_\_\_\_\_

b. Please explain:

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11. How have you been coping with these problem(s), until now?

12. a. Have you dealt with any of the following emotional/ behavioral problems?  
(Check all that apply:)

Alcohol Abuse

Drug Use

Immaturity

Not trustworthy

Stealing

Chronic Lying

Extreme Worrier

Impulsivity

Repeats words of others

Violent Temper

Distrustful

Hostile/Angry Mood

Indecisiveness

Self-injurious Acts

Other(s):

b. 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 at 1-888-796-8226.

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

Yes    No

b. 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 methods of communication do you use to facilitate Co-Parenting?

17. a. How would you currently rate your overall Co-Parenting process?

Extremely Poor

Poor

Adequate

Good

b. Please explain:

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18. a. How would you rate the effectiveness of your Co-Parenting communication now?  
Totally Ineffective      Ineffective      Adequate      Effective      Extremely Effective

b. Please explain:

19. a. How would you rate your level of conflict with your Co-Parenting partner?  
A lot of conflict                      Some Conflict                      No Conflict

b. Please explain:

20. a. What are your Co-Parenting Issues? Check all that apply:

Communication	Conflicts	Haircuts
School	Extracurricular Activities	Grandparents
Medical	Third Parties	Significant Other
Step-parent	Live-in Partner	Child-care
Other(s):		

b. If "other(s)", please describe:

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

Yes      No

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

No Legal Issues      Currently on Parole/Probation      Previous Arrests (substance related)

Previous Arrests (Not substance Related)      Court ordered this treatment

Previous time spent in Jail/Prison (Please specify how many times/total time imprisoned):

Other (Please specify):

23. Please provide the name and phone number of your attorney:

24. Have you ever filed a PFA?

Yes      No

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25. Did you file a PFA against your Co-Parent?

Yes      No

26. Have you ever been named in a PFA order?

Yes      No

27. a. Do you have a PFA currently in effect?

Yes      No

b. If yes, what court is involved?

c. If yes, who is the Judge Involved?

d. If yes, who are the attorney's involved?

e. Please provide copies of the court order(s) and describe the issue in current litigation?

28. Substance Usage Status:

No History of Substance Usage

Early Partial Remission

Sustained Partial Remission

Active Substance Usage

Early Full Remission

Sustained Full Remission

29. a. Which- if any- of the following substances do you currently use, legally or illegally, or have used in the past? Please use the space underneath to indicate your age at first usage and age at last usage. (For example, you would write: Alcohol- 16, 30):

Alcohol

Amphetamines

Barbiturates/Owners

Caffeine

Cocaine

Crack Cocaine

Hallucinogens (e.g. LSD)

Inhalants (e.g. glue, gas, paint)

Marijuana/Hashish

Nicotine/cigarettes

PCP

Other(s)

b. If other(s), please specify:

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

	Medication	Diagnoses	Dosage	Since when?	Adverse Side Effects, if any
1					
2					
3					
4					
5					

31. What is your current employment status? Check all that apply.

Employed and Satisfied

Employed but Dissatisfied: (due to:)    Coworker Conflicts    Supervisor Conflicts    Other

If other, please specify:

Unemployed (as of):

Disabled (as of):

Looking for employment:

Unstable work History

Other (please specify):

32. If currently employed:

- a. What is your current occupation?
- b. Where do you work?
- c. Do you enjoy your work?
- d. Do you work full-time or part time?
- e. What is your schedule?
- f. Do you tend to take your work home with you?