

CP Intake

Please fill out the following questionnaire that must be completed before your consultation appointment. These questions are for the knowledge of the supervisors only and remain property of KK Supervisions, a division of Klein Investigations & Consulting.

* Required

1. **Check the ones that apply to why you are here: ***

Check all that apply.

- Alcohol Abuse
- Drug Abuse
- Violence or Harrassment
- Sexual Abuse
- Threats of Abduction of children

2. **Is there a temporary restraining order (TRO) in place? ***

Mark only one oval.

- Yes
- No

3. **Is there a protective order in place? ***

Mark only one oval.

- Yes
- No

4. **Are you or your child (ren) a victim of domestic violence? ***

Mark only one oval.

Yes

No

5. **Are weapons a concern in this situation? ***

Mark only one oval.

Yes

No

Maybe

6. **Please list below the name of your child (ren) and their ages: ***

7. **Does your child (ren) suffer from any allergies? ***

Mark only one oval.

Yes

No

8. **If yes, please explain what allergies and will you provide medicine or an epi pen to visitation?**

*

9. **About your child (ren): please explain your child's characteristics and/or concerns.** *

10. **Is your child receiving any professional/medical/behavioural/mental services?** *

Mark only one oval.

Yes

No

11. **If yes, please explain.** *

12. **What brings both parties here to require supervised services? Please explain. ***

13. **Do you have any concerns going into a supervised visitation? ***
