



TAMMY JO VROOM, MSW
 LICENSED CLINICAL SOCIAL WORKER

Co-Parenting Intake Form

Date: _____ DOB: _____
 Full Name: _____ SS#: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Alternative #: _____
 Email: _____

<u>Household Members</u>	<u>Relationship</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physical and Mental Health History: (Please be accurate, records may need to be disclosed at some point)

General Health: Excellent Good Fair Poor Don't Know Comments: _____

Primary Care Physician: _____ Date of last visit: _____
 Address: _____ Phone #: _____

Are you currently under a physician's care of a psychiatrist? Yes No If yes, name of provider _____

Are you currently taking medication? Yes No List of medications: _____

Allergies: _____ Adverse reactions to Medications: _____

Ever hospitalized for physical illness? Yes No Describe: _____

Recent surgery or illness? Yes No Describe: _____

Ever hospitalized for mental illness? Yes No Describe: _____

Use of illegal drugs? Yes No Describe: _____

Use of alcohol? Yes No Describe: _____

Do you smoke? Yes No

Have you ever been or are you currently a victim if domestic violence? Yes No Describe: _____

Have you ever been a victim of sexual, physical or emotional abuse? Yes No Describe: _____

Have you ever been, or are you currently being abusive to your partner? Yes No Describe: _____

Have you ever attempted, or threatened to harm yourself? Yes No Describe: _____

Have you ever attempted, or threatened to harm anyone else? Yes No Describe: _____

Any legal issues? Yes No Describe: _____

Please provide the name and address of your attorney: _____

_____ signed release: _____

Have you previously attended counseling/therapy? Yes No Describe: _____

IF YES

Name of Agency: _____ Counselor: _____ Dates seen: _____

Employment/Education:

Are you currently employed? Yes No If yes, where? _____

Are you currently in school? Yes No If yes, where? _____

If you are not employed or in school, please describe your situation: _____

Other Information:

Religious Preference (if any): _____

Activities/Clubs: _____

Present Situation:

Why did you decide to come for counseling/therapy? _____

How long has this been a problem for you? _____

What would you like to get from counseling/therapy? _____

Are there any legal issues going on with your family? If yes, please describe: _____

Any additional information you would like to share? _____

Personal agreement/consent to treat

I understand I may be asked to do certain "homework exercises" such as reading, changing behaviors and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling. I further understand that much of the work done will be to resolve issues and will depend on my honesty and willingness to do the things I need to do to move forward even if it painful and difficult. I understand that this is co-parent counseling. Every effort will be made to keep your information confidential, however due to possible court testimony some information may be requested to be released to help with a decision for the best interest of your children.

Client's Signature

Date

I understand that missing three (3) appointments, without calling (no show/ no call) will result in my termination from Tammy Jo Vroom Counseling, LLC

