Your Family Business PLLC

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PARENTING CONSULTANT INTAKE QUESTIONNAIRE

The following information will help me to serve as your Parenting Consultant (PC). Please answer all items to the best of your ability, as completely as you can. Use additional pages as needed. If any items are unclear, leave them blank and we will address them in person.

This document is due prior to the initial orientation meeting. Return the completed form via US mail to Your Family Business PLLC, 3008 W. 102nd Street, Bloomington, MN 55431, or return via email to alyssha@yfbminn.com.

***NOTE**: This purpose of this form is to gather <u>your</u> impressions about the current situation. As such, please do not discuss your answers and/or complete this document with the assistance/input of your child(ren) or any other friends or family.*

CONTACT INFORMATION

Your Full Name: _____ Date of Birth: _____

Full Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Occupation: _____ Place of Employment: _____

Your Attorney's Name: _____

Firm Name: _____

Address: _____

Phone Number: _____ E-Mail Address: _____

Provide names and contact information for any of the following professionals associated with this case:

Role	*Name*	*Contact information*
Former PC		
Parenting Coach		
Custody Evaluator		
Guardian Ad Litem		
Other		

Are you and your co-parent divorced? ☐ Yes ☐No

If yes, please provide the following:

Date of Divorce	*Court File #*	*County*	*Judge/Referee*

Is there a current or lapsed Order for Protection (OFP) or Domestic Abuse No Contact Order (DANCO) associated with this case? ☐ Yes ☐No

If yes, please provide a copy of each document and any details you feel we should know: _____

_____

How long was your relationship/marriage with your co-parent? _____

How many children do you have from this relationship? _____

Do you have children from other relationships? ☐ Yes ☐No

First names and ages: _____

Who lives in your residence? (Indicate first name(s)/relationship to you): _____

_____

_____

INFORMATION ABOUT THE CHILDREN ASSOCIATED WITH THIS CASE:

Child's Name	*Date of Birth*	*Grade*	*School/Day Care*

Current custody arrangement for the child(ren) in a "typical" month

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							
Week 3							
Week 4							

P1 = with You P2 = with Co-parent

School Contact(s) - possibly teacher(s), principal and/or guidance counselor

Contact Person	*Position*	*School/Day Care*	*Phone Number/Email*

HEALTH CARE INFORMATION:

Are you working with a therapist/mental health care provider? ☐ Yes ☐No

Provider's Name	*Contact information*	*Purpose of Visits*

Have you undergone a formal evaluation for mental health/chemical dependency issues? ☐ Yes ☐No

If yes, describe the purpose of the evaluation(s) and provide contact information and copies of all reports:

_____

_____

_____

Is/are your child(ren) working with a therapist/mental health care provider? ☐ Yes ☐No

Child's Name	*Provider*	*Contact information*	*Purpose of Visits*

Do you have any concerns about your child(ren)'s emotional/social functioning that are not currently being addressed by a MH professional? ☐ Yes ☐No

If yes, please explain: _____

_____

_____

Is/are your child(ren) diagnosed with any physical, mental, or emotional disability? ☐ Yes ☐No

Child's Name	*Diagnosis/Condition*	*Date of Diagnosis*	*Description of Condition*

Is/are your child(ren) on any medication? ☐ Yes ☐No

Child's Name	*Name of Medication*	*Purpose of Medication*

Child(ren)'s pediatrician/physician/medical provider:

Child's Name	*Provider*	*Contact information*

ADDITIONAL INFORMATION:

Is/Was there a history of domestic violence/substance/psychological/emotional abuse involving you and/or your co-parent? ☐ Yes ☐No

If yes, please explain: _____

_____

_____

Currently, by what methods do you communicate with your co-parent? _____

_____

_____

_____

What is your understanding of the issues that prompted you and your co-parent to seek a PC? _____

_____

_____

_____

_____

What do you think would be the best outcome for your current situation? _____

_____

_____

Use the remaining space to provide any additional information you think Alyssha should know:

_____

_____

_____

_____

_____

_____