Parenting Guidance Services, LLC

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Stepparent/Cohabitating Partner Background

Identifying Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

In the event Dr. Byrd needs to contact you, which phone number do you prefer that he use?
__ Home __ Work __ Cell

Is it all right to leave messages for you at these numbers or via email? Yes___ No___

If no, please specify_____

Who is currently living in your home?

Name	Age	Relationship to you

Do you have children who are not currently living with you? Yes___ No___

If yes, please provide the following information:

Name	Age	Place of Primary Residence

How many times have you moved residences in the past five years? _____

Relationship History

Please describe your childhood in some detail. Please do not write "normal" or "average," - such descriptors are too vague to provide any useful information.

Please describe the biggest challenge or problem your family faced as you were growing up.

Are your parents living or deceased?

Are your biological parents currently married to each other? (If one or both parents are deceased – were they married until separated by death?)

What methods of discipline did your parents use to manage child behavior problems?

Were you ever abused or mistreated as a child? Yes___ No___

If yes, please explain: _____
_____
_____

Is there a history of mental health problems among members of your family? Yes___ No___

If yes, please specify: _____

Is there a history of drug or alcohol problems among members of your family? Yes___ No___

If yes, please specify: _____

Is there a history of criminal behavior or arrest among members of your family? Yes___ No___

If yes, please specify: _____

Please circle your marital status: Single Married Separated Divorced

Education and Work History

Did you graduate from high school? Yes___ No___ GED___

Year of high school graduation (if applicable) _____

If you did not graduate, what is the highest grade that you completed? _____

While attending school, what grades did you typically earn? A B C D F

Did you attend college? Yes___ No___

If yes, where did you attend and what degree(s) did you obtain?

_____

_____

Year of college graduation (if applicable) _____

Are you currently employed? Yes__ No___

If yes, what is your job title? _____

What is the name of the company for which you work? _____

What type of business is this company? _____

Work address: _____

_____

What are your job duties? _____

How long have you worked in your current job? _____

What is the longest length of employment you've had with one company? _____

Have you ever been fired from a job?Yes___ No___

If yes, please explain: _____

_____

Treatment History

Please list all of your contacts with mental health professionals (**for your individual treatment only**) for the last five years:

Name of professional	Email	Phone number	Reason for contact*	Date last seen (approximate)
Example:				
John Jones, Ph.D.	jjones@email.com	555-555-5555	anxiety, depression	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Please use this space for additional information regarding reason for contact (please specify the professional to which you are referring):

Please list all of your contacts with mental health professionals (**for family or couple's counseling only**) for the last five years:

Name of professional	Email	Phone number	Reason for contact*	Date last seen (approximate)
Example:				
John Jones, Ph.D.	jjones@email.com	555-555-5555	anxiety, depression	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Please use this space for additional information regarding reason for contact (specify the professional to which you are referring):

Please list any medications ever prescribed to you for emotional state, sleeping difficulties, or attentional problems.

Medication	Helpful?	Current or past use?	Who prescribed?
Prozac	somewhat	current	Rex Morgan, M.D.

Have you ever been hospitalized for a psychiatric problem? Yes___ No___

If yes, how many times? _____ What years? _____

Where? _____

Why? _____

Have you ever made a suicide attempt or intended to commit suicide and changed you mind?

Yes___ No___

If yes, when? _____ How? _____

Have you ever had serious thoughts about killing yourself? Yes___ No___

Have you ever made a plan to kill yourself? Yes___ No___

Have you ever engaged in any deliberately self-harming behavior such as cutting on your skin or burning your flesh with a cigarette? Yes___ No___

If you have had suicidal feelings or engaged in self-harming behavior, please describe the circumstances that provoked these feelings or behaviors.

Personal Habits

Do you drink beer, wine or other liquor? Yes___ No___

If yes, circle how many drinks per week:

1-2 3-6 7-9 10-12 13-15 16-18 19-21 22-24 25 or more

Do you think you drink too much? Yes___ No___

Have there been periods in the past when you've used alcohol excessively? Yes___ No___

If yes, please list years of heaviest use: _____

Estimated daily alcohol consumption during this period: _____

When was the last time that you used recreational drugs? (marijuana, cocaine, methamphetamine, etc.) Please circle:

Last week Last month Last year Last 5 yrs Last 10 yrs Over 10 yrs Never

Have there been periods in the past when you've used drugs excessively? Yes___ No___

If yes, please list years of heaviest use: _____

Estimated daily substance use during this period: _____

Legal History

Other than the current custody/parenting time dispute, have you ever been involved in civil litigation?

Yes___ No___

If yes, please describe:_____

Have you ever been investigated for mistreatment or neglect of a child? Yes___ No___

If yes, how many times? _____

Have you ever been arrested? Yes___ No___

If yes, how many times? _____

Have you ever been charged with a crime? Yes___ No___

If yes, how many times? _____

Have you ever been convicted of a crime? Yes___ No___

If yes, please provide the following information:

Convicted of:	Year	Sentence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History

Primary Physician: _____

Phone Number: _____

Address: _____

_____

Please list any major illnesses and/or surgeries that you have had:

_____
_____
_____
_____

Please list any medical concerns you have currently:

_____
_____
_____
_____