## Parenting Guidance Services, LLC



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## **Stepparent/Cohabitating Partner Background**

Identifying Information		
Last Name:	First Name:	Middle Name:
Date of Birth:	Age:	
Home Phone:	Work Phone:	Cell Phone:
Email:		
Home Work		e number do you prefer that he use?  s or via email? Yes No
Č		<u>—</u>
Who is currently living in Name	n your home? Age	Relationship to you
Do you have children wh	o are not currently living with	you? Yes No
If yes, please provide the Name	<u>Age</u>	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 narried 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

For each serious adult relationship you've had, please provide the following information. (*Note: if you did not marry or divorce a particular partner, just leave those fields blank*). Please list your most recent relationship first, then list backwards in time from there.

Started dating (mo/yr):  What you found appealing or attractive about thi	s person:
What you found appealing or attractive about thi	s person:
Married (mo/yr), if applicable:	
Separated (mo/yr):	
Reason the relationship ended:	
Divorced (mo/yr), if applicable:	
Name of partner:	
Started dating (mo/yr):	
What you found appealing or attractive about thi	s person:
Married (mo/yr), if applicable:	
Separated (mo/yr):	
Reason the relationship ended:	
Divorced (mo/yr), if applicable:	
Name of partner:	
Started dating (mo/yr):	
What you found appealing or attractive about thi	s person:
Married (mo/yr), if applicable:	
Separated (mo/yr):	
Reason the relationship ended:	
Divorced (mo/yr), if applicable:	
Name of partner:	
Started dating (mo/yr):	
What you found appealing or attractive about thi	s person:
Married (mo/yr), if applicable:	
Separated (mo/yr):	
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Education and Wor	rk History		
Did you gra	aduate from high school? Yes	s No	GED
Year of hig	h school graduation (if applic	able)	
If you did n	not graduate, what is the highe	est grade that you con	npleted?
While atten	ding school, what grades did	you typically earn?	A B C D F
Did you att	end college? Yes N	lo	
If yo	es, where did you attend and v	what degree(s) did yo	ou obtain?
Year of col	lege graduation (if applicable	)	
	rrently employed? Yes No		
-	es, what is your job title?		
			?
	rk address:		
Wha			
Hov	v long have you worked in yo	our current job?	
What is the	longest length of employmer	nt you've had with on	ne company?
Have you e	ver been fired from a job?Yes	s No	
If yo	es, please explain:		
	each instance of a report to the uestion during your office vis		ld Services involving you or your children. I wi
Date of Report (approximate)	Name(s) of child(ren) involved	Alleged perpetrator	Outcome (substantiated or unsubstantiated)
_			

Please list any and ea question during your		police w	ere called	that ir	volved your	childre	n. I will follo	w up on this
Date of Incident (approximate)	Who called the police?		Reason for involving the police (be very brief)					
Please list any protect	tion orders or no cont	tact order	s that have	invol	ved people i	n your f	amily system	
No Contact or Protection Order?	Filed against?	Who p	protected?		When filed or ordered?		missed leave	When expire? (if dismissed leave blank)
Treatment History								
Please list all of your years:	contacts with mental	health pi	rofessionals	s (for	your indivi	dual tre	eatment only	) for the last five
Name of professional	Email	Phone n	number	Rea	son for cont	act*	Date las	
Example:								
John Jones, Ph.D.	jjones@email.com	<u>555-55</u>	<u>5-5555                                </u>	<u>anx</u>	iety, depress	ion		
							_	

* Please use this space professional to which		mation regarding	reason for men	tal health serv	vices (please specify the
Please list all of your five years:	contacts with mental	health profession	nals ( <b>for family</b>	or couple's o	counseling only) for the last
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, de	pression	
			_		
					_
* Please use this space are referring):	e for additional infor	mation regarding	reason for conta	act (specify th	e professional to which you
Please list any problems.	medications ever pro	escribed to you fo	or emotional stat	te, sleeping di	fficulties, or attentional
Medication	Helpful	? Cur	rent or past use	? Who	prescribed?
Prozac	<u>somewhat</u>		current	Rex Morgan	, M.D

Have you ever been hos	spitalized 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, w	hen? How?
Have you ever h	nad serious thoughts about killing yourself? Yes No
Have you ever 1	nade a plan to kill yourself? Yes No
Hava yan ayar	engaged in any deliberately self-harming behavior such as cutting on your skin or burning you
flesh with a cigarette?	Yes No
10 1 1 1 1 1 1	
If you have had suicida provoked these feelings	l feelings or engaged in self-harming behavior, please describe the circumstances that
provoked these reenings	of behaviors.
Personal Habits	
Do you drink be	eer, wine or other liquor? Yes No
If yes, c	rcle 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 yo	ou drink too much? Yes No
Have there been	periods in the past when you've used alcohol excessively? Yes No
If yes, p	lease list years of heaviest use:
Estimate	ed daily alcohol consumption during this period:
When was the la	ast time that you used recreational drugs? (marijuana, cocaine, methamphetamine, etc.)
r iedse effere.	
Last week	Last Last year Last 5 yrs Last 10 yrs Over 10 Never month yrs
Have there been	periods in the past when you've used drugs excessively? Yes No
If yes, p	lease list years of heaviest use:
Estimate	ed daily substance use during this period:

## <u>Legal History</u>

Other than the current cu	ıstody/parenting	g time dispute, have you ever bee	n involved in civil litigation?
Yes No			
If yes, please des	cribe:		
		streatment or neglect of a child?	
If yes, how many	times?		
Have you ever been arre-	sted? Yes	No	
If yes, how many	times?		
Have you ever been char	rged with a crim	ne? Yes No	
If yes, how many	times?		
Have you ever been conv	victed of a crime	e? Yes No	
If yes, please pro	vide the followi	ing information:	
Convicted of:	<u>Year</u>	<u>Sentence</u>	
M. E. al III atama			
Medical History			
Primary Physician:			
Phone Number:			
Address:			
Please list any major illn	esses and/or sur	rgeries that you have had:	
Please list any medical c	eonoarne vou hou	ve currently:	
i lease list any inedical c	oncerns you nav	ve currently.	