



Heal Together Counseling, LLC
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Parent Coaching Intake Form

Parent/Guardian 1:

Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Type: Cell Home Work

Email: _____

Do you have legal decision-making authority: Yes No Other: _____

Does this parent live with the child(ren)? Yes No

Will this parent be participating in coaching sessions? Yes No

Parent/Guardian 2:

Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Type: Cell Home Work

Email: _____

Do you have legal decision-making authority: Yes No Other: _____

Does this parent live with the child(ren)? Yes No

Will this parent be participating in coaching sessions? Yes No

Parent/Guardian - Emergency Contact:

Name: _____ Relationship to family: _____

Address: _____

City: _____ State: _____ Phone: _____

Email: _____

Parent Relationship Status:

Parent 1: Single Married Partnered Divorced Separated Widow(er)

Parent 2: Single Married Partnered Divorced Separated Widow(er)

Are there stepparents involved? Yes No

If yes, names: _____

Children (add page for additional children):

Name	Date of Birth	Lives With	Struggles/Concerns

Military Service:

Has anyone in your family served in the military? Yes No

Who: _____

Branch: Army Navy Air Force Marines Coast Guard National Guard

Status: Active Duty Reserves Inactive Ready Reserves Veteran

Has anyone in your family experienced a deployment?

Who: _____ When: _____

Challenges: _____

Dept. of Children, Youth & Families:

Involvement in DCYF: None Prior Current

If yes, reason for involvement: _____

Legal authority to sign for client: _____

CPSW: _____ Phone: _____

How Can I Help:

What are your major concerns: _____

How long have these issues been a concern: _____

What are you hoping to achieve by participating in this service?

Legal:

Is parent coaching court ordered? Yes No Other: _____

Are there any protective orders in place for either parent/child(ren)? Yes No

If yes, please explain: _____

Anything else to share:

Referred By:

Name/Facility: _____

Address: _____

May I Thank Them? Yes No