

Co-Parenting Counseling Client Information

Name _____ Today's Date _____

Address _____ Home phone _____

Work phone _____ Fax _____

E-mail _____ Referred by _____

Age _____ Date of birth _____ Marital status _____

Occupation/Employer _____ How long at current job? _____

Work days and hours _____

When did you and the other parent begin living together? _____ Date/s of separation/s: _____

Were/Are you and the other parent married to each other? _____ If yes, date of marriage: _____

Are you divorced from each other _____ If yes, when was the divorce final? _____

If you are/have not been married to each other, has parentage of your child/ren been legally established? _____
If Yes, which County? _____

Have you been married to anyone other than the other parent? Yes No Date/s: _____

Current Spouse/Significant Other: _____ His/Her Date of Birth: _____

Are you currently living with this person? _____ If yes, since when? _____

Please list all of your children:

Name	Part of This Case?	Birth Date	Sex	Lives With	Dates (from – to)	School & City
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Other adults & children in your home	Sex	Birth Date	Relationship to you	School & City (if child)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your goals for co-parenting counseling? _____

Do you have any concerns or fears with regard to co-parenting counseling? _____ If yes, please explain:

Have you ever participated in co-parenting counseling before? _____ If yes, when? _____

Who was the counselor? _____ What was the result? _____

Have you ever had other psychotherapeutic counseling? _____ If yes, when and who was/is your counselor?

What are the current legal custody and physical care arrangements? _____

What are the parenting strengths of the other parent? _____

What are things you would like the other parent to improve in her/his parenting? _____

What are your strengths as a parent? _____

What are things you would like to improve in your parenting? _____

What are the strengths of the other parent as a parenting partner? _____

What are things you would like the other parent to improve as a parenting partner? _____

What are your strengths as a parenting partner? _____

What are things you would like to improve as parenting partner? _____

Describe any behavioral or emotional difficulties your child/ren is/are experiencing at home or at school:

Describe how you and the other parent previously have worked together to meet you child/ren's needs:

Have there ever been any allegations of child sexual or physical abuse or child neglect? _____

If yes, briefly describe _____

Have Children’s Protective Services or the police been contacted regarding these allegations? _____

If yes, was there an investigation? _____ When? _____ Where? _____

What was the result of the investigation? _____

Have you ever been arrested or convicted of a crime? _____ If Yes: When? _____ Charge: _____

Any other arrests or convictions? _____ If yes, when and what charge/s: _____

Has the other parent ever been arrested or convicted of a crime? _____ If Yes, when? _____ Charge: _____

Any other arrests or convictions? _____ If yes, when and what charge/s: _____

Do you have a history of problems with alcohol and/or other drugs? _____ If yes, last use? _____

What substance/s? _____

DUI/s? _____ If yes, date/s _____ Treatment/AA/NA? _____ If yes, date/s _____

Does the other parent have a history of problems with alcohol and/or other drugs? _____

If yes, last use? _____ What substance/s? _____

DUIs? _____ If yes, date/s _____ Treatment/AA/NA? _____ If yes, date/s _____

Has there ever been violence by either parent toward the other? _____ If yes, briefly describe: _____

Has either parent ever filed for a restraining order? _____ If yes, when? _____

Who is/was the Protected Party? _____ When does/did the restraining order expire? _____

Are you worried the other parent will harm you? _____ Harm your child/ren? _____

If yes or not sure, briefly explain: _____

Are you concerned about meeting with the other parent in the same room during co-parenting counseling? _____
If yes or not sure, briefly explain: _____

Are you willing to participate in co-parenting counseling with the other parent? _____

Please Print Your Name

Signature