

Intake Form for Co-Parenting Counseling

Name: _____ Date: _____

Address: _____ DOB: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Employer: _____

Married ____ Single ____ Divorced ____, for how long? _____

Attorney: _____ Phone: _____

Referred by: _____

Insurance Billing: _____ Yes _____ No

Signature _____ Date _____

Office Use _____

Therapist _____ Date _____

Names of the Children and their ages:

1. Describe what is motivating you to pursue co-parenting counseling at this time:

2. Describe your goals you wish to pursue in co-parenting counseling:

3. What do you feel your most significant challenges are to achieve your stated goals?

4. What has your past experience been with counseling?

5. Describe what you see to be your strengths and weaknesses?

6. Briefly describe your past relationship with the other parent:

7. Describe your relationship with the other parent currently:

8. How do you attempt to communicate with the other parent at this time?