



CO-PARENTING INTAKE FORM

This questionnaire will help us to get to know a little more about your family, both in past and present, and how we may be of help. If you feel uncomfortable with any question, you can choose to talk about this later and we can discuss it privately when we meet. Please complete this questionnaire as honestly and as completely as possible.

All responses you provide will be kept confidential unless you choose to release this information to someone or report that you are seriously harming yourself or someone else, or someone has seriously harmed you.

PERSONAL INFORMATION:

Parent/Caregiver 1 Name: _____ Date: _____

Date of Birth: _____ Age: _____

Gender Identity: Male Female Transgender Other: _____

Race/Ethnicity: _____

Religious Preference/Affiliation: _____

Employer: _____

Occupation: _____

Co-Parent/Caregiver 2 Name: _____ Date: _____

Date of Birth: _____ Age: _____

Gender Identity: Male Female Transgender Other: _____

Race/Ethnicity: _____

Religious Preference/Affiliation: _____

Employer: _____

Occupation: _____

Biological Parent(s) Name(s) – If Different from Above: _____

RELATIONSHIP HISTORY:

What is your current relationship status?

Single Dating Engaged Married Separated Divorced Remarried



If you are currently dating, engaged, married, or remarried, please provide the name of your current partner: _____

Please indicate your current custody arrangement below: (You may be required to provide a copy of legal documentation of custody arrangements for provider review)

Informal Custody Arrangement Formal Custody Arrangement

Parent/Caregiver 1: _____% Physical Custody _____% Legal Custody

Co-Parent/Caregiver 2: _____% Physical Custody _____% Legal Custody

Please indicate your current custody arrangement(s) for the following:

School Week: _____

Weekends: _____

Holidays: _____

Summer Vacation: _____

Extracurricular activities (e.g. your level of involvement): _____

When and how does the exchange(s) of your child(ren) occur? _____

What phone, internet, or text communication does your child(ren) and their other parent engage in during your parenting time? _____

How far do you and your co-parent live from one another? _____



CURRENT HOUSEHOLD AND FAMILY INFORMATION:

Please list all the individuals who currently live with you, including children and additional caregivers

Name	Age	Relationship	Occupation/Grade

CURRENT REASON FOR SEEKING CO-PARENTING THERAPY/COUNSELING:

Briefly describe the problem or reason(s) for which you are seeking co-parenting therapy.

What do you hope to get from this appointment and what would you like to see happen as a result of co-parenting therapy/counseling? _____

How important is this change for you? _____

Please indicate which of the following areas you believe need addressing (Please check all that apply):

<input type="checkbox"/> Creation of a parenting plan	<input type="checkbox"/> Transition difficulties between homes
<input type="checkbox"/> Modification of an existing parenting plan	<input type="checkbox"/> House rules
<input type="checkbox"/> Strained parental communication	<input type="checkbox"/> Remarriage
<input type="checkbox"/> Custody/legal issues	<input type="checkbox"/> Blended family issues (i.e. step parent)
<input type="checkbox"/> Child(ren)'s adjustment issues	<input type="checkbox"/> Impending move
<input type="checkbox"/> Parenting style differences	<input type="checkbox"/> Other



How comfortable are you being in the same room with the other parent?

- Comfortable Uncomfortable Indifferent Unsure

Can you be at the same event at the same time with the other parent? Yes No Unsure

Please explain. _____

RELATIONSHIP HISTORY WITH CO-PARENT:

Separation/Divorce Details

Were you ever married or in common law relationship? Yes No

If yes, please explain how many years you were together, married, or in common law relationship. _____

When did you separate/divorce? _____

Who made the decision to separate or divorce? Please explain. _____

When was your child(ren) told about the separation/divorce?

- A day or less A week before A few weeks before A month or more before
 Other: _____

How did you explain the separation/divorce to your child(ren)? Please explain.

How did your child(ren) react to the news of the separation/divorce? Please explain.



What changes has your child(ren) experienced since the separation/divorce? (Please select all that apply)

<input type="checkbox"/> Loss of a home (change in homes)	<input type="checkbox"/> Loss of activities due to lack of finances
<input type="checkbox"/> Change of school	<input type="checkbox"/> Loss of other relative(s)
<input type="checkbox"/> Loss of stepparent	<input type="checkbox"/> Loss of a pet
<input type="checkbox"/> Loss of step sibling(s)	<input type="checkbox"/> Other:
<input type="checkbox"/> Loss of friends	

What other household changes has your child(ren) experienced since the separation/divorce? (Please select all that apply)

<input type="checkbox"/> Parent remarriage	<input type="checkbox"/> Start of new school
<input type="checkbox"/> Both parents' remarriage	<input type="checkbox"/> "Stay at home" parent now working
<input type="checkbox"/> New step siblings	<input type="checkbox"/> Other:

Safety Issues/Concerns

Have you and/or your co-parent ever been involved in any of the following:

A child protective services investigation for alleged physical, sexual, emotional abuse, or neglect? Yes No If yes, please explain. _____

A domestic dispute where there were weapons, injury, or where the police were called/involved? Yes No If yes, please explain. _____

A restraining order now, or within the last 5 years, because of domestic violence, harassment, stalking, abuse, or threats? Yes No

If yes, please explain. _____



Past or present drug or alcohol abuse? Yes No

If yes, please explain. _____

A suicide attempt(s), clinical depression, or engagement in violent behavior? Yes No

If yes, please explain. _____

Legal history such as arrests, incarceration, or criminal litigation? Yes No

If yes, please explain. _____

Threats from the other parent to withhold the child(ren)? Yes No

If yes, please explain. _____

Concerns that your child is not safe alone with the other parent? Yes No

If yes, please explain. _____

Frequent mediation, custody disputes, or emergency hearings related to custody?

Yes No If yes, please explain. _____



YOUR CHILD(REN)'S CURRENT STATUS:

Does your child or any of your children have special needs or display signs of anxiety, depression, adjustment issues or uncharacteristic behaviors? Yes No

If yes, please explain. _____

Does your child or any of your children exhibit any “transitional” difficulties when returning from the other parent’s home? Yes No (If yes, please select all that apply)

<input type="checkbox"/> Tearfulness	<input type="checkbox"/> Sleep problems
<input type="checkbox"/> Clinginess	<input type="checkbox"/> Discipline problems
<input type="checkbox"/> Irritability	<input type="checkbox"/> Angry outbursts
<input type="checkbox"/> Increased demands	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Eating problems	<input type="checkbox"/> Other:

How long does it take for your child to “recover”/”resettle” after returning to your home?

<input type="checkbox"/> A few minutes	<input type="checkbox"/> A few hours
<input type="checkbox"/> About 30 minutes	<input type="checkbox"/> Several hours
<input type="checkbox"/> About 1 hour	<input type="checkbox"/> A full day or multiple days

Does your child engage in “splitting” with you and the other parent? Yes No
 “Splitting” occurs when a child seeks something out from one parent instead of the other, in order to get a certain need met, and decisions are made on behalf of the child without a discussion with the co-parent.

If yes, please explain. _____

Have you or your co-parent ever put your child(ren) in the middle? (i.e. such as asking them with whom they want to live, to report on the other parent/probe about their time at the other home, if the other person is dating/seeing someone)? Yes No

If yes, please explain. _____



CURRENT CO-PARENTING DYNAMICS:

Relationship and Communication Habits

How would you rate your co-parenting relationship?

- Excellent
- Good
- Fair
- Poor
- Limited/Little Contact
- No Contact

How do you and your co-parent make important decisions now for your child(ren) about schooling, medical care/treatment, or religion? _____

Within the last month, how would you rate:

Level of conflict between you and your co-parent

- Daily
- Frequent
- Intermittent/Occasional
- None
- Other: _____

Level of trust between you and your co-parent

- Excellent
- Good
- Fair
- Poor

What strengths do you value or admire in your co-parent? _____

Parental Discipline

What discipline strategies do you use with your child(ren)? (Please select any that apply)

- Removal of Privileges
- Rewards/Incentives
- Verbal reprimands/Discussions
- Physical Punishment
- Grounding

Do you and your co-parent agree about your parenting philosophies?

- Yes
- No
- Unsure Please explain. _____



What happens when you and your partner/other caregiver disagree about your parenting practices? Please explain. _____

How helpful are your current discipline and strategies?

- Helpful most of the time Unhelpful most of the time

Co-Parenting Challenges

What two or three co-parenting topics are most likely to start a verbal disagreement between you and your co-parent? _____

What behavior or attitude exhibited by your co-parent seems to cause the most difficulty for you as a parent? For your child? _____

OTHER INFORMATION:

Is there any other information you would like to share about you, your child, or your co-parent?
