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INTAKE INFORMATION

GENERAL INFORMATION

Date	/ /
Referred by	
Last Name	
First Name	
Relationship to Child(ren)	
Address	
Confidential Email Address	
Contact Numbers	**Home: Work: Cell:**
Preferred Contact Method	**May I call you at work?**
Date of Birth	/ /
Place of Birth (City/State/Country)	
Age	
Employer Name	
Employer Address	
Occupation	

COUNSEL INFORMATION

Firm Name	
Counsel Name	
Address	
Contact Numbers:	**Phone: Fax:**
Email	

YOUR RELATIONSHIP HISTORY

Present Marital status:	
Are you living in the same home with the other parent?	

MARRIAGE/COHABITATION

Date you met	Date of Marriage/ Cohabitation	Date of Separation	Date of Divorce
/ /	/ /	/ /	/ /

Date of final separation?	/ /
Who made the decision to end the relationship?	
Do you have an interest in reconciling with the other parent?	
Reasons for final separation:	
Please list residences with former spouse:	
Please provide details on previous marriages, common-law or serious relationships:	

CHILDREN

Put asterisk * by child(ren) about whom you are seeking services

CHILD'S NAME	AGE	DOB	GRADE	RESIDES WITH
		/ /		
		/ /		
		/ /		
		/ /		

Children from Previous or Current Relationships, other than above

CHILD'S NAME	AGE	DOB	GRADE	RESIDES WITH
		/ /		
		/ /		
		/ /		
		/ /		

Other persons in the home and their relationship to the children:
Are you in a new relationship?

YOUR FAMILY

Your mother's name:	
Age:	
Occupation:	
Address:	
Your father's name:	
Age:	

Occupation:	
Address	

Has anyone in your family abused drugs or alcohol?	
Been in psychotherapy?	
Been hospitalized for emotional reasons?	
Received medication for emotional reasons?	
Been arrested or convicted of a felony?	
Been investigated for physical or sexual child abuse?	
If yes, please provide details:	

WERE YOUR PARENTS:

Ever separated?	
If yes, When?	
Your Age?	
Ever Divorced?	
If yes, when?	
Your Age?	
Ever Remarried?	
If yes, when?	
Your Age?	
Date when you moved out of your parent's home?	/ /
Your Age?	
Reason for moving out?	

PERSONAL & HEALTH HISTORY:

Do you have a religious affiliation?	
Please Identify:	
If you belong to a congregation, please indicate the frequency you attend services:	
When was the last time you attended services?	/ /
Do you have a chronic or recurrent health problem or physical disability?	
If so, please explain.	
Are you currently on any prescribed medications?	
If yes, please list:	
Do you use any drugs or medications other than as prescribed?	
Has a physician ever prescribed medication for an emotional problem?	
If so, please explain:	

Please list <u>all</u> mental health professionals and/or agencies with *<u>whom you or your</u>* child(ren) have had contact, e.g., psychiatrist, psychologist, social worker, counselors.
Include full address, dates seen, telephone and fax number.

Name	Title	Agency	Address	Dates Seen	Telephone	Fax

Have you ever been hospitalized?							
If yes, please provide details:							
Have you ever been under investigation by the police?							
If yes, please provide details:							
Have you or a member of your family ever been charged, arrested and/or convicted of a crime?							
Have you or your family ever been under investigation by a child protection agency?							
Do you ever drink alcohol?							
Do you or anyone else think that your use of alcohol or drugs is a problem?							

(Note: If response to either of the above two questions is yes, please complete the form Titled "Michigan Alcohol Screening Test", attached to this questionnaire.)

EDUCATION & EMPLOYMENT

Highest level of education completed:	
School	
Did you receive special education services?	
If yes, please elaborate:	
Did you leave any educational program prior to completion?	
If yes, explain:	
Current Occupation:	
Annual Income	

Detailed Employment History: Please provide the following:

Job Title	Place of Work	Salary	Date	Reason for Leaving
			/ /	
			/ /	
			/ /	
			/ /	

Hours of work:
Holidays (# of week's vacation & when taken):

INFORMATION REGARDING OTHER PARENT

Do you have any of the following concerns about the other parent (indicate yes or no)?

alcohol abuse	
drug abuse	
emotional abuse of children	
physical abuse of children	
sexual abuse of children	
sexual behavior	
physical health	
criminal behavior	
potential for aggressive/violent behavior	
potential for suicide attempt	
child snatching	

If yes to any of the above, please explain:	
Is the other parent likely to express any of these concerns about you?	
If yes, please provide details:	
Does the other parent ever drink alcohol?	
If yes, please describe:	

DECISION-MAKING HISTORY

During the relationship important decisions were made by (indicate you, other parent, or both):

Household finances:	
Purchases of family property	
Children's Education	
Children's Healthcare	
Children's Religious Training	
Children's Extracurricular Activities	
Were you able to discuss family issues openly with one another?	

RELATIONSHIP WITH OTHER PARENT

Comments on whether or not you are able to make decisions about the children Cooperatively:

Have there been any incidents of verbal abuse?

In the past six months?

At any time in the relationship?

Have there been any incidents of physical abuse?

In the past six months?

At any time in the relationship?

Have charges ever been laid against you or the other parent?

Has either parent ever had a restraining order?

If you answered "Yes" to <u>any</u> of the above, please provide specific details:

PARENTING SCHEDULE

What is the current parenting time schedule?	
Is there a current dispute about parenting?	
If yes, briefly describe the nature of the dispute and indicate when it began (the approximate date):	

DOCUMENTATION

Do you have a signed/executed Separation Agreement?	
If so, what is the date?	/ /
Do you have a signed Parenting Plan?	
If so, what is the date?	/ /

Are there any Court Orders?	
If so, please list dates?	**/ /**

OBJECTIVES AND PRIMARY CONCERNS

How can this process be of assistance to you and your family?
What needs to be different about your family to improve the situation for your child (ren)?
How can you make the changes necessary to make things better for your child(ren)?
What is your greatest parenting strength?
What is your greatest parenting challenge?
What is the other parent's greatest parenting strength?
What is the other parent's greatest parenting challenge?
Provide any comments that you feel may be helpful to the resolution of the current situation:
Has any professional indicated that your child has an emotional, academic or social problem?
If so, please elaborate:
What are your most important concerns regarding: **(a) Your child(ren):**
(b) Your family:
(c) Your child(ren)'s other parent:
What do you think are the most important concerns that the other parent has about you?
In case of an emergency, whom shall we notify? (Name and relationship to you.)

MICHIGAN ALCOHOL SCREENING TEST (MAST) (indicate yes or no)

1. **Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people.)**
2. **Have you ever awakened in the morning after some drinking the night before and found that you could not remember a part of the evening?**

3. **Does your wife, husband, a parent, or other near relatives ever worry or complain about your drinking?**
4. **Can you stop drinking without a struggle after one or two drinks?**
5. **Do you ever feel guilty about your drinking?**
6. **Do friends or relatives think you are a normal drinker?**
7. **Are you able to stop drinking when you want to?**
8. **Have you ever attended a meeting of Alcoholics Anonymous (AA)?**
9. **Have you ever got into physical fights when drinking?**
10. **Has your drinking ever created problems between you and another relative?**
11. **Has any family member ever gone to anyone for help about your drinking?**
12. **Have you ever lost friends because of your drinking?**
13. **Have you ever got into trouble at work because of drinking?**
14. **Have you ever lost a job because of drinking?**
15. **Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?**
16. **Do you drink before noon fairly often?**
17. **Have you ever been told you have liver trouble? Or Cirrhosis?**
18. **After heavy drinking have you ever had delirium tremens (D.T.s) or severe shaking, or heard voices or seen things that really were not there?**
19. **Have you ever gone to anyone for help about your drinking?**
20. **Have you ever been in a hospital because of your drinking?**
21. **Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in the hospitalization?**
22. **Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem where drinking was part of the problem?**
23. **Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? If yes, how many times?**
24. **Have you ever been arrested, or taken into custody, even for a few hours, because of other drunken behavior? If yes, how many times?**