

Co-Parenting Intake Form

Date: _____

Therapist: _____

Children's names and DOB:

What do you hope to accomplish with co-parenting therapy? _____

Is there an immediate stressor or crisis that you want to address as soon as possible?

How comfortable are you being in the same room with your co-parenting partner? Do you attend school activities for your child at the same time? Please describe. _____

Who is a source of support for you? Any family, friends, or groups you enjoy? _____

What strengths do you see in your co-parenting partner as a parent? _____

Is your co-parenting therapy court mandated? ___ Yes ___ No

If yes, please provide a copy of the court order to your therapist.

Have you received prior co-parenting therapy? ___ Yes ___ No

If yes, when: _____

Length of treatment: _____

___ Very Successful ___ Somewhat Successful ___ Stayed the Same ___ Somewhat worse ___ Much Worse

What is your occupation? _____

Do you enjoy your job? ___Yes ___No

Do you believe your child(ren) can count on your co-parenting partner? ___Yes ___No

Are there any cultural, religious, spiritual, or ethnic factors for your family that you would like me to be aware of? ___Yes ___No

If yes, please describe: _____

What behaviors or attitudes displayed by your co-parenting partner cause you distress or get in the way of the co-parenting partnership? _____

Does your child(ren) have any behaviors or attitudes that you are concerned about? _____

Do you have any mental health diagnoses? ___ Yes ___ No

If yes, please describe: _____

Do you have a medical provider? ___Yes ___No

If yes, what is his or her name? _____

Do you have any medical issues? ___Yes ___No

If yes, please describe: _____

Who made the decision to divorce or separate? (Circle one)

Me

My partner

Mutually agreed

What is your current custody arrangement? _____
