

THERAPEUTIC REUNIFICATION
FAMILY TREATMENT & INTERVENTION
CLIENT INTAKE FORM

GENERAL INFORMATION

Date:

Referred by:

First Name:

Last Name:

Name of Child(ren)'s Other Parent:

Relationship to Child(ren):

Address (including postal code)

Confidential Email Address:

Home #:

Work #:

Cell #:

Preferred Contact Method:

Can we call you at work?

Age:

DOB:

Place of Birth:

Yrs in Canada:

Occupation:

Employers Address:

Languages spoken at home:

COUNSEL INFORMATION

Counsel Name:

Firm Name:

Address (including postal code)

Phone #:

E-mail:

Fax #:

YOUR RELATIONSHIP HISTORY:

Current Marital Status:

Are you living in the same home as other parent?

Are you in a new relationship? If yes, how long?

If yes to the above...

A) Are the children aware there is a new partner? If not, is there a plan to introduce them?

Does your new partner have children? If yes, please indicate given names & ages:

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 ALL persons with whom you reside, including children, partners, relatives, caregivers etc.
Include their name, age and their relationship to you.

CHILDREN:

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

Child's Name:

DOB:

Age:

Grade:

Resides with:

Child's Name: DOB: Age: Grade: Resides with:

Child's Name: DOB: Age: Grade: Resides with:

Child's Name: DOB: Age: Grade: Resides with:

Children from Previous or Current Relationships, other than above:

Child's Name: DOB: Age: Grade: Resides with:

Child's Name: DOB: Age: Grade: Resides with:

PARENTING SCHEDULE AND DECISION MAKING

Who currently has legal custody of the children?

What is the current parenting time schedule?

Do you have current Child Support Arrangements?

Is there a current dispute about parenting? If yes, please explain.

PERSONAL & HEALTH HISTORY:

Do you have a religious affiliation? If yes, please identify & include name of church.
(Please indicate if your child(ren) have the same affiliation)

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? If yes, please list and include frequency.

Has a physician ever prescribed you medication for an emotional problem? If yes, please explain.

Please list all mental health professionals and/or agencies with whom you or your child(ren) have had contact, e.g., psychiatrist, psychologist, social worker, counselors. Include name, title, agency, dates, phone number.

Have you ever been hospitalized? Not including child birth. If yes, please explain.

Have you ever been under investigation by the police?

Have you or a member of your family ever been charged, arrested and/or convicted of a crime? If yes, explain.

Have you or your family ever been under investigation by a child protection agency? If yes, please explain.

During the relationship important decisions were made by:

	Mother	Father	Both
Household finances			
Purchases /sale of family property			
Children's education			
Children's health care			
Children's religious training			
Children's extracurricular activities			

If yes to any of the above, please explain.

Were you able to discuss family issues openly with one another?

Were you are able to make decisions about the children cooperatively?

Do you have any of the following concerns about the other parent?

	Yes	No
Alcohol abuse		
Drug abuse		
Emotional abuse of children		
Physical abuse of children		
Sexual abuse of children		
Sexual behaviour		
Physical health		
Criminal behaviour		
Potential for violent behaviour		
Potential for suicide attempt		
Child snatching		
Is the other parent likely to express any of these concerns about you?		
Does the other parent ever drink alcohol?		

If yes to any of the above, please explain.

Please check off whether the below issues have occurred within your relationship and/or within the last 6 months.

	In Relationship	Past 6 Months	Both
Incidents of verbal abuse			
Incidents of physical abuse			
Charges laid against you or the other parent			
Restraining order against you or the other parent			

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

Please answer yes/no to the following questions...

	YES	NO
Are you now, or have you even been on probation or parole?		
Have there been charges filed against you for assault, domestic violence or stalking?		
Have the children witnessed any incidents of physical, emotional or verbal abuse?		
Do you have concerns about your child(ren)s safety with the other parent?		
Has the other parent ever threatened to hurt you, in any way?		
Has the other parent threatened to deny you access to your child(ren)?		
Has the other parent ever hit you or used any type of physical force against you?		
Has the other parent ever emotionally or sexually abused you?		
Do you have concerns about meeting together with the other parent?		
How would you describe your relation with the other parent?		

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

OBJECTIVES AND PRIMARY CONCERNS

How can this process be of assistance to you and your family?

What is your understanding of the purpose of this counselling?

What are your goals for this counselling?

Who do you feel is the closest to you in your family?

Who do you feel is the least close to you in your family?

Please describe the relationships between the siblings:

What do you believe to be the biggest struggle for your family right now?

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:

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?

Rate the following questions

	1	2	3	4	5
On a scale of 1 to 5; with 1 being the least important and 5 being the most important; how important do you think it is for your child to have contact with both of his/her parents?					
On a scale of 1 to 5; with 1 being the least cohesive and 5 being the most cohesive, how cohesive do you think your family is right now?					
On a scale of 1 to 5; with 1 being the least amount of involvement and 5 being the most amount of involvement, how much court involvement has your family had in the past year?					

DOCUMENTATION

If you have a signed/executed Separation Agreement, Parenting Plan and/or Court Orders, please provide our office with copies.

In case of an emergency, whom shall we notify? *Name, phone number(s) and relationship to you.*

Please return this form to info@thetobycenter.org. Thank you!