

INTAKE INFORMATION (Please type responses.)

GENERAL INFORMATION

Date	/	/
Referred by		
Last Name		
First Name		
Name of Other Parent		
Relationship to Child(ren)		
Address (incl. postal code)		
Confidential Email Address:		
Contact Numbers:	Home:	Work:
Preferred Contact Method	Cell:	
Age	May I call you at work?	
Date of Birth	/	/
Place of Birth (City/Country)		
Number of years in Canada		
Occupation		
Employer Name		
Employer Address		
Languages spoken at home		

COUNSEL INFORMATION

Firm Name		
Counsel Name		
Address (incl. postal code)		
Contact Numbers:	Phone:	Fax:
Email		

PERSONAL INFORMATION

Present Marital Status:	
Are you living in the same home with the other parent?	
Are you in a new relationship? If yes, for how long?	

Are the children aware there is a new partner? If not, is there a plan to introduce them?	
Is there a plan to move in together? If yes, when?	
Does your new partner have children? If yes, please indicate given names & ages:	

RELATIONSHIP HISTORY

MARRIAGE/COHABITATION

<u>Date you met</u>	<u>Date of Marriage/ Cohabitation</u>	<u>Date of Separation</u>	<u>Date of Divorce</u>
/ /	/ /	/ /	/ /
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 by date previous marriages or common-law relationships:			

Please list ALL person with whom you reside (including children, partners, relatives, caregivers etc.)

NAME	AGE	Relationship

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

Other children from Previous or Current Relationships, other than above?

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

PARENTING SCHEDULE AND DECISION-MAKING

Who currently has legal custody?	
Is there an Agreement or Court Order in place? (If so, please provide a copy)	
What is the current parenting schedule?	
Do you have current Child Support Arrangements?	
Is there a current dispute about the parenting or parenting schedule?	
If yes, briefly describe the nature of the dispute and indicate when it began (the approximate date):	

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?	/ /					
Is there a conflict with the other parent about religious observance?						
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 <i>whom you or your</i> child(ren) have had contact, e.g., psychiatrist, psychologist, social worker, counselors. Include full address, postal code, 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? If yes, please provide details:	
Have you or your family ever been under investigation by a child protection agency? If yes, please provide details:	

RELATIONSHIP WITH OTHER PARENT

During the relationship important decisions were made by (indicate you, other parent, or both):	
Household finances:	
Purchase/Sale of family property	
Children’s Education	
Children’s Health Care	
Children’s Religious Training	
Children’s Extracurricular Activities	
Were you able to discuss family issues openly with one another?	
Were you are able to make decisions about the children cooperatively?	

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	
Inappropriate Sexual Behaviour	
Physical Health	
Criminal Behaviour	
Potential for Violent Behaviour	
Potential for Suicide Attempt	
Child kidnapping/abduction?	
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:

Have there been incidents of verbal and/or emotional abuse?

In the past six months?

At any time in the relationship?

If yes, please provide details

Have there been any incidents of physical abuse?

In the past six months?

At any time in the relationship?

If yes, please provide details

Have you called the police, as a result of abuse by the other parent? If yes, please explain:

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

If yes, please provide details

Has either parent ever had a restraining order?

If yes, please provide details

Is there currently a restraining order in effect, which you are involved in?

If yes, please provide details

Are you now, or have you even been on probation or parole? If yes, please explain:

Have there been charges filed against you for assault, domestic violence or stalking? If yes, please explain:

Have the children witnessed any incidents of physical, emotional or verbal abuse? If yes, please explain:

Do you have concerns about your child(ren)s safety with the other parent? If yes, please explain:

Are you fearful of the other parent for any reason? If yes, please explain:

Has the other parent ever threatened to hurt you, in any way? If yes, please explain:

Has the other parent threatened to deny you access to your child(ren)? If yes, please explain:

Has the other parent ever hit you or used any type of physical force against you? If yes, please explain:

Has the other parent ever emotionally or sexually abused you? If yes, please explain:

Do you have concerns about meeting together with the other parent?

How would you describe your relation with the other parent?

OBJECTIVES AND PRIMARY CONCERNS

What is your understanding of the purpose of this intervention?

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

What are your goals for the intervention?

Who do you feel is the closest in your family?

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

Describe the sibling dynamics:

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?
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?

On a scale of 1 to 7; with 1 being the least important and 7 being the most important, how important do you think it is for your child to have contact with both of his/her parents?

1	2	3	4	5	6	7
Least Important						Most Important

On a scale of 1 to 7; with 1 being the least cohesive and 7 being the most cohesive, how cohesive do you think your family is right now?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Least Cohesive	Most Cohesive
----------------	---------------

On a scale of 1 to 7; with 1 being the least amount of involvement and 7 being the most amount of involvement, how much court involvement has your family had in the past year?

1	2	3	4	5	6	7
Least Amount						Most Amount

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