

**Divorce & Co-Parent Consultation
Client Information Sheet**

Client Name: _____

Birthdate: _____

Best Phone Number: _____

Mailing Address: _____

Ok to leave VM here? Yes No

Email Address: _____

What is your preferred form of contact: Phone Email Text

How did you hear about me? _____

Emergency Contact (name & phone number): _____

What is this person's relationship to you? _____

Client Occupation: _____

Fellow Co-parent's Occupation: _____

What are your goals for co-parent consultation and coaching?

What strengths do you and your fellow co-parent possess that you think will facilitate achieving your goals?

My strengths:

My fellow co-parent's strengths:

What areas of concern do you think need to be addressed in order to facilitate goal achievement?

Are you presently in individual therapy? Yes No

If yes, with whom? _____

Are you currently taking any medication for a psychiatric diagnosis? Yes No

If yes, please list your diagnosis, medication and the name of the prescribing physician:

Do you or your spouse have a problem with addictive behavior (e.g., drugs, alcohol, gambling, shopping, sex, etc.)? Yes No

If yes, please describe?

Do you or your fellow co-parent have legal charges pending against you? Yes No

If yes, please explain: _____

Do you have any concerns about your child or children's health or safety while they are residing with their other parent?

Please comment on anything else you think I need to know in order to help you reach your goals:
