SECTION 30 - CUSTODY & ACCESS
CLIENT INTAKE FORM

PLEASE NOTE: THE INFORMATION PROVIDED ON THIS FORM IS NOT CONFIDENTIAL

GENERAL INFORMATION

Date:

Referred by:

Last Name:

First Name:

Name of other parent:

Relationship to child(ren):

Address (including postal code):

E-Mail:

Home #:

Work #:

Cell #:

Preferred method of contact:

Age:

DOB:

Place of birth:

years in Canada:

Occupation:

Employers name:

Employers address:

Language(s) spoken at home:

COUNSEL INFORMATION:

Firm name:

Lawyers name:

Address:

Phone #:

Fax #:

E-Mail:

YOUR RELATIONSHIP HISTORY:

Marital status:

Are you currently living w/ other parent?

MARRIAGE COHABITATION:

Date you met: | Date married/ cohabitation: | Date of separation: | Date of divorce:

Who made the decision to end the relationship?

Do you have an interest in reconciling with the other parent?

Reason(s) for final separation:

Please list residences with former spouse:

Please provide details of previous marriage(s), common law or serious relationship(s):

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

Child's Full Name:

Age: | DOB: | Grade: | Resides with:

Child's Full Name:

Age: | DOB: | Grade: | Resides with:

Child's Full Name:

Age: | DOB: | Grade: | Resides with:

Child's Full Name:

Age: | DOB: | Grade: | Resides with:

CHILDREN from previous and current relationships, other than above

Child's Full Name:

Age: | DOB: | Grade: | Resides with:

Child's Full 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: Mothers age:

Mothers address: Mothers occupation:

Your father's name: Fathers age:

Fathers address: Fathers occupation:

Has anyone in your family had any of the following? Check all that apply.

- [ ] Abused alcohol or drugs
- [ ] Been in psychotherapy
- [ ] Hospitalized for emotional reasons
- [ ] Arrested or convicted of a felony
- [ ] Been investigated for physical/sexual chid abuse

If yes to any of the above, please explain.

Were your parents ever... Check all that apply

- [ ] Separated
- [ ] Divorced
- [ ] Re-married

If yes to any of the left, please explain when and indicate your age.

Age when you moved out of your parents home and reason:

PERSONAL & HEALTH HISTORY

Do you have a religious affiliation?

Do your children share the same religion as you?

- [ ] Yes
- [ ] No

Do you belong to a congregation? If yes, please state the name, frequency you attend and last time you attended a service.

Do you have a chronic or recurrent health problem or physical disability? If yes, 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.

Is your child currently on any prescribed medications? If yes, please list.

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

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, explain.

Do you 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", at the bottom of this questionnaire.)

EDUCATION & EMPLOYMENT

Highest level of education completed:

School:

Did you receive special education services? If yes, please explain.

Did you leave any educational program prior to completion? If yes, explain.

Current occupation:

Salary:

hours work/week

Holidays (# weeks vacation & any specifics):

Detailed Employment History: Please provide the following:

Job title:

Employer:

Salary:

Years at job:

Reason for leaving:

Job title:

Employer:

Salary:

Years at job:

Reason for leaving:

[ ]

Job title:

[ ]

Employer:

[ ]

Salary:

[ ]

Years at job:

[ ]

Reason for leaving:

[ ]

RELATIONSHIP WITH OTHER PARENT:

During the relationship, have there been any incidents of physical aggression? If yes, please explain.

[ ]

INFORMATION REGARDING OTHER PARENT:

- Alcohol abuse ☐
- Drug abuse ☐
- Emotional abuse of children ☐
- Physical abuse of children ☐
- Sexual abuse of children ☐
- Physical health ☐
- Criminal behaviour ☐
- Potential for violent behaviour ☐
- Potential for suicide ☐
- 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 explain.

Does the other parent ever drink alcohol? If yes, please describe level of consumption.

Have there been any incidents of verbal abuse?

Have there been any incidents of physical abuse?

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

Has either parent ever had a restraining order?

If you answered “Yes” to any of the above, please provide specific details: **Please indicate whether the above has occurred within the last 6 months or not.*

DECISION MAKING & PARENTING SCHEDULE

During the relationship important decisions were made by:

	MOTHER	FATHER	BOTH
Household finances	☐	☐	☐
Purchases of family property	☐	☐	☐
Childrens education	☐	☐	☐
Childrens healthcare	☐	☐	☐
Childrens religion	☐	☐	☐
Childrens extracurricular activities	☐	☐	☐

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

Were you able to make decisions about the children cooperatively?

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? Please indicate date.

Do you have a signed Parenting Plan? Please indicate date.

Are there any Court Orders? Please indicate dates.

OBJECTIVES & 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 parents greatest parenting strength?

What is the other parents greatest parenting challenge?

Briefly describe what 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 yes, please explain.

What are your most important concerns regarding:

1) Your Children:

2) Your Family:

3) The 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) Please answer honestly.

	YES	NO
Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people.)	☐	☐
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?	☐	☐
Do any of your near relatives ever worry or complain about your drinking?	☐	☐
Can you stop drinking without a struggle after one or two drinks?	☐	☐
Do you ever feel guilty about your drinking?	☐	☐
Would your friends or relatives describe you as a normal drinker?	☐	☐
Are you able to stop drinking when you want to?	☐	☐
Have you ever attended a meeting of Alcoholics Anonymous (AA)?	☐	☐
Have you ever got into physical fights when drinking?	☐	☐
Has your drinking ever created problems between you and another relative?	☐	☐
Has any family member ever gone to anyone for help about your drinking?	☐	☐
Have you ever lost friends because of your drinking?	☐	☐
Have you ever got into trouble at work because of drinking?	☐	☐
Have you ever lost a job because of drinking?	☐	☐
Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	☐	☐
Do you drink before noon fairly often?	☐	☐
Have you ever been told you have liver trouble? Or Cirrhosis?	☐	☐
Have you ever gone to anyone for help about your drinking?	☐	☐
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?	☐	☐
Have you ever been in a hospital because of your drinking?	☐	☐
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?	☐	☐
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?	☐	☐
Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages?	☐	☐
Have you ever been arrested, or taken into custody, even for a few hours, because of other drunken behaviour?	☐	☐