

**New Client Intake
Form** (Rev 1.0)

CONSCIOUS CO-PARENTING INSTITUTE
201 South Santa Fe Ave
Suite 301
Los Angeles Ca 90012
<http://www.consciousparentinginstitute.com>

Name of person(s) completing this form: _____ Date: _____

Children:

First Name	Last Name	Gender (M/F)	Date of Birth (mm/dd/yy)	Items of note or concern

Parents and other significant caregivers:

First Name	Last Name	Gender (M/F)	Marital Status*	Address	Phone Numbers
				Home: _____	Home: _____
Relationship to children:				City: _____ PC: _____	Work: _____
				Email: _____	Cell: _____
				Home: _____	Home: _____
Relationship to children:				City: _____ PC: _____	Work: _____
				Email: _____	Cell: _____
				Home: _____	Home: _____
Relationship to children:				City: _____ PC: _____	Work: _____
				Email: _____	Cell: _____
				Home: _____	Home: _____
Relationship to children:				City: _____ PC: _____	Work: _____
				Email: _____	Cell: _____

*Marital Status Options: Never Married, Married, Common Law, Separated, Divorced, Widowed, Remarried, Common Law & Previously Married/Common Law

The primary concerns of the family are: _____

How long have these concerns existed? _____

Is the situation getting worse? _____

Separation and Divorce Information

Date that you met (approximately):	
Date that you became a couple (approximately):	
Date of marriage or start of common-law:	
Date & duration of previous separations (approx.):	
Date of separation:	
Date of divorce:	
Other (please specify):	
Other (please specify):	

Court proceedings; what proceedings have taken place and what orders are currently in force?

Names and Contact Information of Lawyers

Lawyer's Name:		
Name of firm:		
Address:		
City & Postal Code:		
Phone Number:		
Fax Number:		
Email:		
Is representing whom?		

Names and Contact Information of Other Professionals (who are or have been involved with the family)

Professional's Name:		
Name of firm/agency:		
Address:		
City & Postal Code:		
Phone Number:		
Fax Number:		
Email:		
Capacity in which they were involved. Please include when they were involved.		

Professional's Name:		
Name of firm/agency:		
Address:		
City & Postal Code:		
Phone Number:		

Fax Number:		
Email:		
Capacity in which they were involved. Please include when they were involved.		

Standard Assessment Questions

Are any family members currently in treatment for a medical condition? No Yes
If yes, please specify. _____

Is there a concern about alcohol, drug abuse or overuse of non-prescribed drugs? No Yes
If yes, please specify. _____

Is there a concern about violence? No Yes
If yes, please specify. _____

Is there a concern about suicide? No Yes
If yes, please specify. _____

Are there any other issues or concerns that have not yet been noted? No Yes
If yes, please specify. _____

What attempts have been made to resolve or improve the family's concerns? _____

Outline any other information that you think we should know about your family: _____

How did you find out about the Conscious Co-Parenting Institute? _____

