Ariella Goodwine Fisher, M.S., LMFT
Co-Parenting
Client Information

Name:_____ Today's Date: _____

Date of Birth: _____ email: _____

Address: _____

City: _____ State: _____ Zip Code:_____

Phone: cell: _____ okay to leave a message? yes ___ no___

home: _____ okay to leave a message? yes ___ no___

work: _____ okay to leave a message? yes ___ no___

Emergency Contact #1:_____

Relationship:_____

Phone #: _____

Emergency Contact #2:_____

Relationship:_____

Phone #: _____

Employer: _____

Attorney (if applicable):

Name/Firm_____

Phone number _____
Email _____

Are you currently working with a psychotherapist? yes ___ no___
If so, who and would you like for me to speak with that person?

Length of marriage (or, if never married, length of relationship w/ co-parent):
_____

Names and ages of children:
_____

_____
_____

_____
_____

Do you have a history of substance abuse and/or dependence? If yes, please describe.

Has the court ordered co-parent counseling? If so, please provide the relevant specifics of the order (or a copy of the order itself):

Describe the quality of the co-parenting relationship to date:

Describe the kind of co-parenting relationship you hope to have going forward:

In the past 3 months, have you experienced any of the following symptoms at a level that you would consider significant? Please check all that apply.

__ Aggression
__ Anger
__ Anxiety/Panic
__ Apathy
__ Avoidance
__ Compulsive Behavior
__ Crying
__ Depression
__ Difficulty Concentrating
__ Fear
__ Flashbacks
__ Irritability
__ Memory problems
__ Nightmares
__ Phobias/Fears
__ Self-destructive relationships
__ Self-harm behaviors or impulses (i.e. cutting/burning)
__ Sexual acting out
__ Sexual dysfunction
__ Substance abuse
__ Physical symptoms
__ Suicidal thoughts

__ Guilt/self-blame

__ Harm to others/threats to others

__ Hyperactivity

__ Sleep problems (sleeping too much/not enough)

__ Disordered eating symptoms

__ Other:_____

If you would like to describe any of the above symptoms further, please do so here: