

Parents Counseling Initial Intake Form

Name: _____

Date: _____

**Name of Partner/co-
parent:** _____

Relationship Status: (check all that apply)

Married Separated Divorced Dating

Cohabiting

Living together Living apart

Length of time in current relationship with partner/co-parent:

**If your child or children are adopted, what length have they
have been in your custody?**

Age of child or children:

JOHANNES KIEDING, L.L.C. LCSW

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What do you hope to accomplish through family counseling?

What have you already done to deal with the difficulties?

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In a perfect world, what would you ideally like the family unit to look like?

From your point of view, what needs to happen in order for the family to become what you want it to be?

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**What is your view on the role and responsibilities of
parenthood?**

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What is your view on the responsibilities of your child or children?

Do you think it is important for your child or children to feel heard and emotionally understood?

What do you do as a parent, if anything, that seems to be the most effective in helping your child or your children to feel heard and supported emotionally?

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Do you think it is important for your child or children to understand boundaries and expectations?

What do you do as a parent, if anything, that seems to be the most effective in helping your child or children behave according to expectations?

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Do you think it is important for your child or children to feel like they have options and choices in some areas of their lives?

Do you ever offer your child or children choices and options? If so, is it clear to your child or your children in which areas or domains of life that they have options and choices and which areas are non-negotiable expectations?

What do you do as a parent, if anything, that seems to be the most unhelpful to the child or the children and to the family as a whole?

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In terms of parenting styles, how much on the same page are you and your partner/co-parent? If there are differences in how you approach parenting, what are they?

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Is there a gap or discrepancy between the kind of parent you are and the kind of parent you would like to be? If so, please describe:

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What are your biggest strengths as a parent?

What do you believe that your children need in order to have optimal wellbeing and behavior?

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Have you received prior counseling related to any of the above problems? Yes No

If yes, when: _____ Where:

By whom: _____ Length of
treatment: _____

Problems treated:

What was the outcome (check one)?

- Very successful Somewhat successful Stayed the same
Somewhat worse Much worse

Have either you or your partner/co-parent been in *individual* counseling before? Yes No If so, give a brief summary of concerns that you addressed.

Do either you or your partner drink alcohol to intoxication or take drugs to intoxication? If yes for either, who, how often and what drugs or alcohol?

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Have either you or your partner struck, physically restrained, used violence against or injured the child or children? If yes to any of these questions, please describe:

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What is your current level of stress (overall)? (type the number that fits into the text box next to the row of numbers):

(No stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

Rank order the top three concerns that you have in regards to the family (1 being the most problematic):

Do you plan on paying for sessions with credit/debit card (an added 3% fee for processing cost), cash, check, PayPal, or Venmo?

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