		Demographic Information C.A. Childress, Psy.D., PSY 18857		
Name				
Address				
City		State/Province Postal Code		
Country				
Home Phone		Cell Phone		
Email				
	Contact Person			
Pleas	e provide the name and	I phone number of a local-area contact person in case of emergency		
Nam	2	Phone		
Relat	ionship			
Presenting	Problem and Goal			
Brief	y describe the problem	or issue:		
Briefly describe the goal or outcome you would like to achieve:				

Dangerousness

Please identify any dangerousness concerns

Suicide

Child Abuse

Spousal Abuse

Assault-Aggression

Substance Abuse

None

Family structure

Single

Single and live alone

Single and live with family

Single and live with others

Intact Family: Married & Partnered

Married

Committed partner De

Duration?

Separated Family: Divorced & Separated

Divorced, not remarried or repartnered

Divorced, remarried or repartnered

Are there step-children? Yes No

Deceased Loss: Widowed or Deceased Partner

Widowed or deceased partner, not remarried or repartnered

Widowed or deceased partner, remarried or repartnered

Spousal Partner

Current Spouse/Partner (if applicable):								
Na	me						Phone	
		Year of Marriage					J L	
Prior Spou	use/	Partner (if applical	ble)					
Na	me						Phone	
Year of Marriage				Year of Divorce				
Children:								
Name				Age		Date	of Birth	
Re	leva	nt information?						
Name				Age		Date	of Birth	
Re	eleva	int information?						
Name				Age		Date	of Birth	
Re	eleva	int information?						
Name				Age		Date	of Birth	
Re	eleva	int information?						
Name				Age		Date	of Birth	
Re	eleva	nt information?						

Child Custody

If divorced, what are the current custody orders for the children?

Equal shared parenting (approximately 50%-50%)

Un-equal parenting time

Mother Primacy

School-week primacy with mother - every-other-weekend with father,

School-year with mother, vacations with father (distance)

Father on supervised or no-contact court order

Father primacy

School-week primacy with father - every-other-weekend with mother,

School-year with father, vacations with mother (distance)

Mother on supervised or no-contact court order

Other

Are the custody visitation orders followed appropriately?	Yes	No
Are you cutoff (no contact) from a child?	Yes	No

Other Relevant Family:

Name		Relationship
F	Relevant information?	
Name		Relationship
F	Relevant information?	

Psychiatric History

Are there any psychiatric diagnoses in the family?

Bipolar	Who?		
Schizophrenia	Who?		
Depression	Who?		
Anxiety	Who?		
PTSD/trauma	Who?		
ADHD	Who?		
Autism	Who?		
Other	What?	Who	

Medical Factors

Are there any relevant medical illnesses or factors?

Legal Factors

Are there any relevant litigation or legal factors?

Additional Factors

Are there any additional issues of concern?