

Name: _____ Date of Birth: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____,

I prefer to be called at: home work mobile any of these

CHILDREN:

Name	Age	Date of Birth	Currently lives with:		
			Mother	Father	Both
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Current Marital Circumstances

Years Married _____ Date of marriage _____

Reason you married

Currently separated? Yes / No Date of separation _____

Filed for divorce? Yes /No Date of filing _____

Who filed? _____ Lawyers engaged? Yes / No

Wife's Lawyer _____ Husband's Lawyer _____

Check one:,,,

Did you expect this separation?

- Yes, for a long time
- Yes, but only recently
- Unexpected

Did you want this separation/divorce?

- Not at all
- Have mixed feelings
- Want it very much
- No, but am resigned to it
- Feel it is for the best

Would you rate your readiness for this divorce on a scale of 1 - 10 (circle one)

_____ 1 2 3 4 5 6 7 8 9 10 _____
 still can't believe it is happening ready already

What do you think your partner's readiness for this divorce is on the same scale? (Circle one)

_____ 1 2 3 4 5 6 7 8 9 10 _____
 still can't believe it is happening ready already

If previously married, list the date(s) of previous marriages and divorces:

Factors contributing to the decision to separation/divorce *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Recently had difficulty communicating | <input type="checkbox"/> Abuse or neglect of children |
| <input type="checkbox"/> Always had difficulty communicating | <input type="checkbox"/> Job or school commitment |
| <input type="checkbox"/> Differences in interests | <input type="checkbox"/> Suspiciousness, jealousy |
| <input type="checkbox"/> Differences in education level | <input type="checkbox"/> Neglect of home |
| <input type="checkbox"/> Differences in ethnic or racial background | <input type="checkbox"/> Trouble with in-law |
| <input type="checkbox"/> Differences in expectations about marriage | <input type="checkbox"/> Drinking |
| <input type="checkbox"/> Differences in expectations about family life | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Changes in lifestyle, values | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Lacked love for one another | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Verbal abuse | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Bored | |
| <input type="checkbox"/> Sexual difficulties | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> In love with another person | |
| <input type="checkbox"/> Financial problems | |
| <input type="checkbox"/> Unfaithful, infidelity | |

Major life events and/or changes occurring within the last twelve months *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Started school or training program | <input type="checkbox"/> Death of a household pet |
| <input type="checkbox"/> Graduated from school or training program | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Entered job market | <input type="checkbox"/> Miscarriage |
| <input type="checkbox"/> Changed job | <input type="checkbox"/> Abortion |
| <input type="checkbox"/> Lost job | <input type="checkbox"/> Fertility problems |
| <input type="checkbox"/> Moved residence | <input type="checkbox"/> Changes in childcare |
| <input type="checkbox"/> Financial troubles | <input type="checkbox"/> Children had trouble in school |
| <input type="checkbox"/> Increase in financial responsibilities | <input type="checkbox"/> Onset of menopause |
| <input type="checkbox"/> Legal problems | <input type="checkbox"/> Mid-life crisis |
| <input type="checkbox"/> Arrested and/or jailed | <input type="checkbox"/> Victim of a crime |
| <input type="checkbox"/> Separation or divorce of friend or relative | <input type="checkbox"/> Auto accident |
| <input type="checkbox"/> Health problems (self, spouse, children) | <input type="checkbox"/> Undertaken major new expenses |
| <input type="checkbox"/> Drinking or drug problems | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Began treatment for drinking or drug problems | |
| <input type="checkbox"/> Began psychotherapy | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Began new medications | |
| <input type="checkbox"/> Significant weight gain or loss | |
| <input type="checkbox"/> Nanny, au pair or aging parent joined the household | |
| <input type="checkbox"/> Nanny, au pair or aging parent left the household | |

Personal concerns and priorities at time of separation or divorce

At this time of major change in our family:

I worry that I will _____

I am concerned that my children will _____

It's important to me that the separation/divorce process _____

I think that my spouse will _____

With regard to the future:

I worry I will _____

I am concerned that my children will _____

It is important to me that _____

I think that my spouse will _____

Support System: Current Sources of emotional support:

Friends

Religion or spiritual practice

Family

Therapist/counselor

Neighbors

Lawyer

Co-workers

Other:

Occupation _____

Current employed? Yes / No

If yes, where are you employed? _____

How long have you held your current position? _____

How satisfied are you with your current job/work situation?

- Very satisfied
- Moderately satisfied
- Moderately unhappy
- Extremely unhappy

Personal History

Have you ever had any physical or mental illnesses, significant health problems or serious accidents that affect you for an extended period of time? If so, please list:

Your health in early childhood was generally: Good Fair Poor

At present, your health is generally: Good Fair Poor

How long ago was your last physical?

Are you concerned about your own drug/alcohol use or that of your partner? Yes / No

If yes, please explain: _____

List all drugs you are taking (including aspirin, vitamins, sleeping pills, etc.):

Are you currently in couple's, family or individual therapy or counseling? Yes / No

If yes, with whom? _____

Have you previously been in couple's, family or individual therapy or counseling? Yes / No

If yes, what type of counseling was it? _____

For how long? _____ With whom? _____

Income

What is the approximate gross monthly income you have to live on at the present time? _____

Describe changes, if any, in your income since your decision to divorce or separation: _____

Process

How did you hear about Collaborative Practice? _____

What do you hope to accomplish by choosing Collaborative Practice? _____

What do you consider to be the main issues? _____

What are your hopes for the future? _____

Beyond the information you have listed here, what else do you feel is important for us to know about you and your current situation?
