

Take Charge, Inc.

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COLLABORATIVE COACHING INTAKE

INDIVIDUAL:

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

I prefer to be contacted at: Home ___ Cell ___ Work ___

CHILDREN: Please list information on all children.

Names	Date of Birth	Currently lives with		
		Mom	Dad	Both
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CURRENT MARITAL STATUS:

Date of Marriage: _____ Year Married: _____

Reasons for marriage: _____

Currently Separated:	Yes/No	Date of Separation:	_____
Filed for Divorce:	Yes/No	Date of Filing:	_____
Attorneys Retained:	Yes/No	Who filed:	_____

ATTORNEYS:

Her attorney: _____ His Attorney: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Please check one of the following:

Did you expect this separation?

Yes, for a long time: _____
Yes, but only recently: _____
No, total unexpected: _____

Did you want this separation/divorce?

Not at all: _____
Have Mixed Feelings _____
Want it very much _____
No, but resigned to it _____
Feel it is for the best _____

List dates of previous marriages/divorces if any:

Please read carefully and check all answers that apply.

Factors contributing to the decision to separate/divorce:

- Recently had difficulty communicating _____
 - Always had difficulty communicating _____
 - Different interest _____
 - Differences in education level _____
 - Differences in ethnic/racial background _____
 - Differences in marriage expectations _____
 - Differences in family life expectations _____
 - Changes in lifestyle/values _____
 - Lack of love for one another _____
 - Verbal abuse _____
 - Bored _____
 - Sexual difficulties _____
 - In love with another person _____
 - Financial issues _____
 - Unfaithful/infidelity _____
 - Abuse/neglect of children _____
 - Job or school commitment _____
 - Suspiciousness/jealousy _____
 - Neglect of home _____
 - Trouble with in-laws _____
 - Drinking _____
 - Drugs _____
 - Physical abuse _____
 - Depression _____
 - Sexual abuse _____
 - Other: _____
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Major life events/changes occurring within the last twelve months:

- Started school/training program _____
 - Graduated from school/training program _____
 - Entered job market _____
 - Changed jobs _____
 - Lost job _____
 - Moved residence _____
 - Financial issues _____
 - Increase in financial responsibilities _____
 - Legal issues _____
 - Arrested and/or jailed _____
 - Separation/divorce of friend or relative _____
 - Health issues (self, spouse, child) _____
 - Drinking problem _____
 - Drug problem _____
 - Began treatment for drinking/drug use _____
 - Began psychotherapy _____
 - Began new medication _____
 - Significant weight gain or loss _____
 - Nanny, au pair or parent joined household _____
 - Nanny, au pair or parent left household _____
 - Death of household pet _____
 - Pregnancy _____
 - Miscarriage _____
 - Abortion _____
 - Fertility issues _____
 - Childcare changes _____
 - Children had trouble in school _____
 - Onset of menopause _____
 - Mid-life crisis _____
 - Victim of a crime _____
 - Auto accident _____
 - Undertaken major new expenses _____
 - Natural disaster _____
 - Other: _____
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SUPPORT SYSTEM:

Current Sources of emotional support:

Friends _____
Family _____
Neighbors _____
Co-workers _____
Religion or spiritual practice _____
Therapist/counselor _____
Attorney _____
Other: _____

OCCUPATION:

Current occupation/trade: _____

Currently employed: Yes/No

Where: _____

How long: _____

How satisfied are you with this position/employer:

Very satisfied _____ Moderately satisfied _____

Moderately unhappy _____ Extremely satisfied _____

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

Health in early childhood was generally: Good _____ Fair _____ Poor _____

Current health is generally: Good _____ Fair _____ Poor _____

Date of last physical: _____

Any concerns about your own or your partner's drug/alcohol use? Yes/No

If yes, explain _____

List all drugs currently taking, including over the counter medications: _____

Are you currently in couples, family or individual counseling? Yes/No

Type: _____ How long: _____ Therapist name: _____

Have you previously been in couples, family or individual counseling? Yes/No

Type: _____ How long: _____ Therapist name: _____

INCOME:

Current approximate gross monthly income: _____

Describe any changes in your income since the separation/divorce: _____

COLLABORATIVE DIVORCE PROCESS:

Are you involved in a Collaborative Divorce? Yes _____ No _____

How did you hear about Collaborative Divorce? _____

What do you hope to accomplish by choosing this process? _____

What do you consider to be the main issue? _____

What are your hopes for the future? _____

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