Loretta Parker, LMFT
Co-Parenting Counseling Services
INTAKE FORM

Name:_____Date:_____

Address:_____DOB:_____

City:_____Zip:_____

Home Phone: _____WorkPhone:_____

Cell Phone:_____Employer:_____

Email_____

Married ____ Single ____ Divorced ____ Widow/er ____

In Case of EmergencyCall:_____

Relationship:_____Phone_____

Referred
by:_____

Attorney Name:
_____

Attorney Phone Number:
_____

4221 Northgate Blvd., Suite 5, Sacramento, CA 95834
916-674-0144
www.lovinglifefamilytherapy.com

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Child(ren) Name(s):

Name	DOB	Grade in School
Name	DOB	Grade in School
Name	DOB	Grade in School
Name	DOB	Grade in School

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1. Describe your relationship with each of the children:

2. Describe a history of your relationship with the other parent:

3. Describe your goals for counseling:

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4. Describe your concerns for counseling:

5. How would you want to grow personally in this process?

6. What do you think will be the most significant challenges to achieve the stated goals?

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