

Laurie Nickel Supkoff, LCSW
1329 Howe Avenue, Suite 201
Sacramento, CA 95825
(916) 743-1605

Intake Form for Reconnection Counseling

Name: _____ Date: _____

Address: _____ DOB: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Employer: _____

Married Single Divorced Widow/er

In Case of Emergency Call: _____

Relationship: _____ Phone: _____

Referred by: _____

Insurance Billing: Yes No

Signature Date

Printed Name

Laurie Nickel Supkoff
Therapist Date

Child(ren) Name(s):

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

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

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

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

1. Describe your relationship with each of the children:

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

3. Describe your goals for reconnection counseling:

4. Describe your concerns for reconnection 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?

7. What do you wish your child(ren) understood about you? How have you attempted to communicate this to each of them?