

SOLUTION FOCUSED FAMILY CENTER



Interview Offices:

5950 Park Vista Circle, Suite 110
Fort Worth, TX 76244

4875 Preston Rd, Suite 200
Frisco, TX 75034

Telephone: 817-966-5401

Fax: 817-840-5519

www.solutionfocusedfamilycenter.com
info@solutionfocusedfamilycenter.com

Mailing Address:

8553 N. Beach St., Ste 189
Fort Worth, TX 76244

**ADOPTION EVALUATION
PERSONAL HISTORY INTAKE QUESTIONNAIRE**

*Please answer all questions completely. Use additional 8 1/2 X 11 paper as needed.
You are responsible for providing updates if any information changes.*

Identifying Information: Adult

Your Name: _____

Last	First	Middle	Maiden/Other names
------	-------	--------	--------------------

Present

Address: _____

Street	Apt. #	City	State	Zip Code
--------	--------	------	-------	----------

Telephone

Numbers: _____

Home	Work	Cell	Fax
------	------	------	-----

Age: _____ Date of Birth: _____ Driver's License: _____ Social Security #: _____
Number/State _____ *Required for CPS records

Email: _____

ATTORNEY INFORMATION:

Your Attorney's Name: _____ Legal Assistant: _____

Telephone Number: _____ Fax Number: _____

Is there an Ad Litem or Amicus Attorney assigned? Yes No

Ad Litem or Amicus Attorney's Name: _____ Legal Assistant: _____

Address: _____

Street	Suite #	City	State	Zip Code
--------	---------	------	-------	----------

Telephone Number: _____ Fax Number: _____

Have you ever had any of the following completed:

Child Custody Evaluation Psychological Evaluation Mental Health Treatment

RESIDENCE INFORMATION

Type of Residence:

- House
- Apartment
- Mobile Home

Do you:

- Own
- Rent

of Bedrooms _____ # of Bathrooms _____ Monthly payment _____ Current value _____

How long at present address? # of times you have moved in the last ten years?

Previous addresses (10 Year History)

_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____
_____	How long at that address: _____

EDUCATIONAL HISTORY

School name/location	Dates of attendance	Degree/Last grade completed
-----------------------------	----------------------------	------------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you experience any developmental, academic or behavior problems as a child or while in school, with peers or teachers?

What was the last year of school you completed? Did you graduate high school or college? If not, please explain.

MILITARY SERVICE AND STATUS

Branch	Dates of active duty	Discharge Status
_____	_____	_____

FAMILY HISTORY

How would you describe your current support system? (relatives, friends, etc.)

Do you consider someone else like a step-parent, grandparent, aunt or uncle to be your real parent? If so, whom?

What was your relationship like with your mother growing up?

Describe your current relationship with your mother?

What was your relationship like with your father growing up?

Describe your current relationship with your father?

List your brothers and sisters:

Name	Age	Relationship (Biological, step, half)

Describe your relationship with your siblings today and where they live.

Describe any family problems which occurred while growing up.

Did you experience any childhood physical, sexual, or emotional abuse? If yes, please explain.

Was Child Protective Services ever involved in your family? If yes, please explain.

MARITAL/RELATIONSHIP HISTORY

List, in chronological order, all marriages, cohabitation or long-term relationships, or any relationships resulting in children, including your current relationship. Use additional pages if necessary.

Name of partner	Date of marriage / cohabitation	Date of separation	Date of divorce
Names of children (if any) from this relationship:	Child # 1	Child # 3	Child # 3
Name of partner	Date of marriage / cohabitation	Date of separation	Date of divorce
Names of children (if any) from this relationship:	Child # 1	Child # 2	Child # 3

Name of partner	Date of marriage / cohabitation	Date of separation	Date of divorce
Names of children (if any) from this relationship:	Child # 1	Child # 2	Child # 3

Are you presently contemplating marriage?

Yes
 No

If yes, name and address of prospective spouse: _____

EMPLOYMENT HISTORY:

List all jobs held in the last ten years (use additional pages as needed)

Employer name, address, and telephone	Dates of employment	Reason for leaving

Monthly Income	Gross	Net
Employment/Self-employment	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Spouse income	\$ _____	\$ _____
Other (describe)	\$ _____	\$ _____

MEDICAL/BEHAVIORAL HEALTH HISTORY

Name of Primary Care Physician: _____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Date of last medical evaluation: _____ Date of next appointment: _____

Are you currently under the care of a psychiatrist or have been in the past? Yes No

If Yes, Psychiatrist Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Date of last psychiatric evaluation: _____ Date of next appointment: _____

Are you currently seeing a therapist or have in the past? Yes No

If YES, Current Therapist Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Date of last psychiatric evaluation: _____ Date of next appointment: _____

Past Therapist Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Start date of therapy: _____ End date of therapy: _____

Reason for discontinuing: _____

Past Therapist Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Start date of therapy: _____ End date of therapy: _____

Reason for discontinuing: _____

Current medications being taken:

Medication #1: _____ Dosage/Frequency: _____

Purpose of medication: _____

Medication #2: _____ Dosage/Frequency: _____

Purpose of medication: _____

Medication #3: _____ Dosage/Frequency: _____

Purpose of medication: _____

Medication #4: _____ Dosage/Frequency: _____

Purpose of medication: _____

Have you ever been hospitalized for medical or psychiatric reasons? Yes No

Hospital	Month/Year	Reason
1.		
2.		
3.		
4.		

RECREATIONAL DRUG USE		
Do you currently use recreational drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, have you used previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you stop?
TYPE OF DRUG	HOW MUCH	HOW OFTEN
1.		
2.		
3.		

ALCOHOL AND TOBACCO USE		
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, did you previously drink? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you stop?
TYPE OF ALCOHOL	HOW MUCH	HOW OFTEN
1.		
2.		
Do you smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you vape? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use other forms of tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Chemical Dependency Treatment Yes No

Treatment Center/Hospital	Month/Year	Reason
1.		
2.		

Have you ever attended AA or NA Yes No If yes, when:

Extended Family History with diagnosed mental illnesses such as depression, anxiety, bipolar disorder, schizophrenia or other emotional problems? Yes No If yes, who:

Extended Family History with Alcohol/Drug Problems Yes No If yes, who:

Anyone involved in the case have a history of/been treated for drug or alcohol abuse? Yes No If yes, who:

Describe any important medical history, chronic ailments, or other health problem you experience:

Criminal History

Have you or any other person involved in the case been arrested, convicted of a felony or misdemeanor, received deferred adjudication, or do they have a police or criminal action pending? Yes No If yes, please explain:

Is any person involved in the case on probation or parole? Yes No

If yes, explain and provide the name, address and telephone number of the probation or parole officer:

Has a protective order been issued against any person involved in the case? Yes No

If yes, please explain:

Have you ever had any interactions with law enforcement related to child protection or welfare? Yes No

If yes, please explain:

Identifying Information: Children – List the child or children involved in the court action.

Name	DOB & Social Security #	School/daycare name and address	Grade

- *Social Security # is required for us to complete a record check with Child Protective Services.*

List all other children living in either party's home who are not involved in the case.

Name	DOB/Social Security #	School/daycare name and address	Grade

Name, address, and telephone number of the children's pediatrician/primary physician:

Have any of the children been treated for a current or chronic health problem? Yes No

If yes for what condition and by who? _____

Have any of the children received any behavioral/mental health counseling or treatment? Yes No

If yes for what condition and by who? _____

Do any of the children have any Behavioral Modification or a Special Education/504 plan at school? Yes No

If YES, please explain: _____

Do any of the children participate in any extracurricular activities? Yes No

If YES, what? _____

Do any individuals stay or live in your home, on full time or part time basis, that are not listed in the marital or children sections of this form? Yes No

If yes, give their names, ages, and relationship to you: _____

FAMILY VIOLENCE

Has there been violence in any of your relationships? Yes No

If YES, how often and over what period of time? _____

Has there been violence or neglect involving the children? Yes No

If YES, how often and over what period of time? _____

Has anyone involved in this case ever been involved with Child Protective Services? Yes No

If YES, when and in what county? _____

Please explain the allegations and the outcome of the investigation:

Parenting References:

Attached to this form is a parenting reference questionnaire. Please make copies and give the questionnaire to four (4) separate individuals who know you and your children. Please ask the respondents to complete the questionnaire as best possible and return them directly to our office (not to you). Respondents may use additional paper as needed, but please ask them to use **only 8 1/2 x 11 inch paper** and **write on only one side**. Please inform them that the information will not be confidential and a copy will be provided to the Court and attorney of record.