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CLIENT INFORMATION

DATE: _____

CLIENT:

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Age: _____ DOB: _____ Occupation: _____

Employer/Location: _____

Education (# of years): _____ Soc. Sec. #: _____

Attorney Name: _____ Attorney Phone: _____

Attorney Address: _____

City: _____ State: _____ Zip: _____

Referred By: _____

CHILDREN:

Number of Children: _____

Children's Names (first and last)/Ages/DOB: _____

Children's Phone Numbers (if different than above): _____

Current Parenting Time Arrangement: _____

COURT:

Name of Court (County): _____

Name of Judge/Magistrate: _____

Case No.: _____

Date of Temporary Orders: _____ Date of Permanent Orders: _____

Next Hearing Date: _____

Other Court-Ordered Professionals Involved:

OTHER:

Significant Others of the Parents (romantic interest, new spouse, grandparent, etc.) who should be interviewed:

Check if any of the following have occurred recently or during the marriage:

- Domestic violence
- Domestic violence charges filed with the police
- Child abuse allegations or charges
- Child abuse investigation by the Dept. of Social Services or other entity
- Substance abuse by either parent (alcohol or drug)
- Developmental or genetic problems of the children
- Any other significant information that the investigator needs to be aware of (please list):