



REQUEST FOR INTAKE QUESTIONNAIRE

Date of Call: _____

Full Name: _____

Date of Birth: _____

Address: _____

Are you and your partner still living in the same home? ____yes ____no

Date of marriage/cohabitation: _____

Date of separation: _____

The separation was initiated by ____ me ____ my partner ____ both of us

Do you have a new relationship? ____yes ____no

Best Telephone Number(s) to Call: _____

Safe to Leave Message: ____yes ____no

Email (optional):

Spouse's Full Name: _____

Do they have a new relationship? ____yes ____no

Children:

Name: _____ **Date of Birth** _____

Name: _____ **Date of Birth** _____

Name: _____ **Date of Birth** _____

Name: _____ **Date of Birth** _____

Safety

Separation and divorce are emotionally stressful events. Tensions can run high and there may be threats and abusive behavior that may not have occurred before. Your safety and the safety of your children is our top priority. If you are concerned about you or your family's safety, please call [Luke's Place](#) to speak with a person. This person will ask you a number of questions to assess the best next steps for you.

Are you just starting to gather information about separating? ____yes ____ no

What are you most concerned about? Check all that apply

Parenting Plan, concerns for children

Emotional adjustment to separation/divorce

Safety concerns(self, children, others)

Financial Issues

Housing/ Relocation

Mental Health/Addictions

Other: _____