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Custody / Parenting Time Evaluation Background Worksheet

I. Identifying Information:

Name: _____

Age: _____

Date of Birth: _____

Address: _____

Home Phone # _____

Work Phone # _____

Mobile Phone # _____

e-mail _____

In the event that Dr. Ransford needs to contact you,
which phone number do you prefer that he use?

Is it all right to leave messages for you at these numbers or via e-mail?

Yes _____ No _____

If No, please specify _____

II. Referral

How were you referred to Dr. Ransford? _____

What is the name of your attorney? _____

III. Household Configuration:

Who is currently living in your home?

<u>Name</u>	<u>Age</u>	<u>Relationship to You</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have children who are not currently living with you? No _____ Yes _____

If yes, please provide the following information:

<u>Name</u>	<u>Age</u>	<u>Place of Primary Residence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many times have you moved residences in the past five years? _____

III. Custody/Parenting Time Arrangements:

What are the current custody and parenting time arrangements?

What custody and parenting time arrangements are you seeking in the current litigation?

How would the arrangements you are seeking benefit your children?

IV. Relationship History:

How would you describe your childhood?

Please list three adjectives or words that reflect the relationship you had with your mother during childhood:

1. _____

2. _____

3. _____

Now, please list three adjectives or words that reflect the relationship you had with your father during childhood:

1. _____

2. _____

3. _____

Did you feel particularly close to one of your parents?

No _____ Yes: (Mother _____ Father _____)

If Yes, why? _____

What methods of discipline did your parents use to manage child behavior problems?

Were you ever abused or mistreated as a child?

No _____ Yes _____

If Yes, please explain: _____

What is/was your relationship like with your brother(s) and/or sister(s)?

Is there a history of mental health problems among members of your family?

No _____ Yes _____

If yes, please specify _____

Is there a history of drug or alcohol problems among members of your family?

No _____ Yes _____

If yes, please specify _____

Is there a history of criminal behavior or arrest among members of your family?

No _____ Yes _____

If yes, please specify _____

Please circle your current marital status: Single Married Separated Divorced

For each serious adult relationship you've had, please provide the following information. (Note: if you did not marry or divorce a particular partner, just leave those fields blank)

1. Name of Partner: _____

Started dating (mo/yr): _____

What you found appealing or attractive about this person:

Married (mo/yr), if applicable: _____

Separated (mo/yr): _____

Reason the relationship ended:

Divorced (mo/yr), if applicable: _____

2. Name of Partner: _____
Started dating (mo/yr): _____
What you found appealing or attractive about this person:

Married (mo/yr), if applicable: _____
Separated (mo/yr): _____
Reason the relationship ended:

Divorced (mo/yr), if applicable: _____

3. Name of Partner: _____
Started dating (mo/yr): _____
What you found appealing or attractive about this person:

Married (mo/yr), if applicable: _____
Separated (mo/yr): _____
Reason the relationship ended:

Divorced (mo/yr), if applicable: _____

4. Name of Partner: _____
Started dating (mo/yr): _____
What you found appealing or attractive about this person:

Married (mo/yr), if applicable: _____
Separated (mo/yr): _____
Reason the relationship ended:

Divorced (mo/yr), if applicable: _____

If you are currently in a relationship, how would you describe it?

V. Education and Work History:

Did you graduate from high school? No _____ Yes _____ GED _____

If you did not graduate, what is the highest grade that you completed? _____

While attending school, what grades did you typically earn? A B C D F

Did you attend college? No _____ Yes _____

If yes: Where did you attend and what degree(s) did you obtain?

Are you currently employed? No _____ Yes _____

If yes: What is your job title? _____

What are your job duties? _____

How long have you worked in your current job? _____

What is the longest length of employment you've had with one company? _____

Have you ever been fired from a job? No _____ Yes _____

If Yes: please explain _____

VI. Treatment History:

Have you had prior treatment for any of these symptoms? (please circle all that apply)

- | | | | |
|-----------------------|------------|------------------------|------------|
| Anxiety | Depression | Alcohol abuse | Drug abuse |
| Relationship problems | Anger | Other (specify): _____ | |

If applicable, please list the professionals you've worked with and the dates of treatment:

If applicable, how helpful was this treatment?

Are you currently receiving psychotherapy or taking medications to help your emotional state?

No _____ Yes _____

If yes, please specify: _____

Have you ever been hospitalized for a psychiatric problem? No _____ Yes _____

If yes: How many times? _____ What years? _____

Where? _____

Why? _____

Have you ever made a suicide attempt? No _____ Yes _____

If yes: When? _____ How? _____

Have you made other suicide attempts? No _____ Yes _____

VII. Personal Habits:

Do you drink beer, wine, or other liquor? No _____ Yes _____

If yes, circle how many drinks per week:

1-2 3-6 7-9 10-12 13-15 16-18 19-21 22-24 25 or more

Do you think you drink too much? No _____ Yes _____

Have there been periods in the past when you've used alcohol excessively? No _____ Yes _____

If yes, please list years of heaviest use _____

Estimated daily alcohol consumption during this period _____

When was the last time that you used recreational drugs? (e.g. marijuana, cocaine, methamphetamine, etc.) Please circle:

last week last month last year last 5 years last 10 years over 10 years never

Have there been periods in the past when you've used drugs excessively? No _____ Yes _____

If yes, please list years of heaviest use _____

Estimated daily substance use during this period _____

VIII. Legal History:

Other than the current custody / parenting time dispute, have you ever been involved in civil litigation?

No _____ Yes _____

If yes, please describe: _____

Have you ever been investigated for mistreatment or neglect of a child? No _____ Yes _____

If yes, how many times? _____

Have you ever been arrested? No _____ Yes _____

If yes, how many times? _____

Have you ever been charged with a crime? No _____ Yes _____

If yes, how many times? _____

Have you ever been convicted of a crime? No _____ Yes _____

If yes, please provide the following information:

<u>Conviction Type</u>	<u>Year</u>	<u>Sentence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IX. Reactions to Stress/Current Status:

People often find separation, divorce, and custody litigation terribly stressful. Listed below are a variety of commonly reported symptoms. Please indicate the extent to which you have experienced each of these symptoms over the past two months:

1	2	3	4	5	6	7	8	9	10
Not a problem									Incapacitating

Severity:

- Insomnia _____
- Change in appetite _____
- Irritability _____
- Poor concentration _____
- Muscle aches _____
- Stomach or gastrointestinal problems _____
- Anxiety attacks _____
- Anger _____
- Worry _____
- Repetitive acts _____
- Depressed mood _____
- Tension _____
- Decreased interest in regular activities _____