

Co-parenting Worksheet

Patient Information:

Name:

Date:

Address:

Contact Information:

Medical History (related to emotional and psychological well-being):

Has the patient undergone therapy before?

Medications:

Previous diagnoses:

Questions:

No.	Query	Response
1.	Describe your parenting style:	
2.	Preferred method of communication with the other parent:	
3.	Any concerns or fears about co-parenting:	
4.	Set boundaries or rules you wish the other parent to respect:	
5.	What, in your perspective, are the top 3 needs of your child(ren)?	
6.	Your ideal schedule for spending time with the child(ren):	
7.	How would you like decisions about the child(ren) to be made:	
8.	How would you prefer to address disagreements related to the child(ren)?	

Tests:

No.	Scenario	Response
1.	Conflict Resolution: Disagreement on child's bedtime. How would you handle this?	
2.	Decision Making: Choosing a school for the child. Discuss and document the decision:	
3.	Holiday Planning: It's the holiday season, and both parents want the child(ren) on a particular day. How do you negotiate?	
4.	Extracurricular Activities: Your child expresses a desire to take on an activity that interferes with the other parent's time. How do you resolve this?	
5.	Emergency Situations: Your child is sick and needs to be taken to the hospital while with the other parent. How would you expect the situation to be handled?	