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Child Custody Evaluation Information

Please note: Not all the questions contained in this form may pertain to you. If you need more space feel free to use the bottom of the third page of this form. Please email back to me or bring with you at your first appointment. Thank you.

Your Information

Name _____ Date of Birth _____

Address _____

Telephone number (home)_____ (work)_____ (cell) _____

Email address _____

Occupation _____ Employer _____

Primary Care Physician's Name and Contact Information _____

Medical History _____

Mental Health /Substance Abuse History _____

Name and Contact Information of Past/Current Providers _____

Previous Marriage Date _____ Previous Divorce Date _____

1. Name of Child from Previous Relationship _____ DOB _____

Residential Schedule _____

2. Name of Child from Previous Relationship _____ DOB _____

Residential Schedule _____

Children's Information

1. Child's Name _____ DOB _____ School _____ Grade _____

Name of Teacher/ Guidance Counselor and Contact Info. _____

Medical History _____

Mental Health/Substance Abuse History _____

Name and Contact Information of Past/Current Providers _____

Residential schedule _____

2. Child's Name _____ DOB _____ School _____ Grade _____

Name of Teacher /Guidance Counselor and Contact Info. _____

Medical History _____

Mental Health/Substance Abuse History _____

Name and Contact Information of Past/Current Mental Providers _____

Residential schedule _____

3. Child's Name _____ DOB _____ School _____ Grade _____

Name of Teacher /Guidance Counselor and Contact Info. _____

Medical History _____

Mental Health/Substance Abuse History _____

Name and Contact Information of Past/Current Providers _____

Residential schedule _____

Pediatrician and Contact Info. _____

Name of Current Caregiver and Contact Information _____

Dates of Any Child Protective Services Involvement _____

Name and Contact Information of Worker _____

Marital/Relationship History with other Parent/Guardian

Name _____ Relationship to you _____

Date of Marriage (if applicable) _____ Residing with you Y/N

Date of Physical Separation _____ Date of Legal Separation _____ Date of Divorce _____