

**BIPP KCG**  
**Intake**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work: \_\_\_\_\_

Spouse's/Partner's Phone #: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Cause #: \_\_\_\_\_

How did you hear of this program?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Probation    |
| <input type="checkbox"/> Hotline        | <input type="checkbox"/> Parole       |
| <input type="checkbox"/> Counselor      | <input type="checkbox"/> D.A.s Office |
| <input type="checkbox"/> Judge          | <input type="checkbox"/> Attorney     |
| <input type="checkbox"/> Other _____    |                                       |

**Employment**

Are you currently employed?  Yes  No

If yes, who is your current employer? \_\_\_\_\_

Wage per year: \_\_\_\_\_

Type of work: \_\_\_\_\_

If no, do you receive any of the following:

- SSI       AFDC       Unemployment

**Education**

What is the highest level of education you received?

- |                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> High School  | <input type="checkbox"/> Junior College |
| <input type="checkbox"/> GED          | <input type="checkbox"/> Trade School | <input type="checkbox"/> University     |

Have you ever received help for any of the following?:

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Couples Counseling |
| <input type="checkbox"/> Pastoral Counseling   | <input type="checkbox"/> Psychiatrist       |
| <input type="checkbox"/> Drug Program          | <input type="checkbox"/> AA                 |

If you are currently in counseling will you sign a release of information so that we may speak with your counselor if necessary?  Yes  No

**Medical History**

Are you currently under a physician's care?  Yes  No

Are you taking any prescribed medication(s)?  Yes  No

If you are taking medication(s), what medication(s) are you taking? \_\_\_\_\_  
\_\_\_\_\_

**Family of origin**

How many brothers and sisters do you have?: \_\_\_\_\_ Sisters \_\_\_\_\_ Brothers

You are number: \_\_\_\_\_ (1 being the oldest)

Did you ever see or hear your mother being hit?  Yes  No

**Immediate Family**

How long have you been with your spouse/partner? \_\_\_\_\_

Are you married?  Yes  No

If you are married, how long have you been married? \_\_\_\_\_

Do you live together with your spouse/partner?  Yes  No

Do you have children?  Yes  No

If you have children please complete the following from (youngest to oldest):

Name	Age	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

6. \_\_\_\_\_  
Do you live with your children now?  Yes  No

When your children misbehave how do you discipline them?

Have the children in your household ever seen or heard you be violent?  
 Yes  No

How has your violence affected the children in the household?  
 Tried to stop the violence  Hiding or running away  
 Acting violent  Frightened by the violence  
 Other signs: \_\_\_\_\_

Have you ever been investigated by CPS?  Yes  No

**Status with Criminal Justice**

Have you ever been arrested?  Yes  No

If you have been arrested, what were the charges? \_\_\_\_\_

Were you convicted of the charges?  Yes  No

If you were convicted of the charges where they a:  
 Misdemeanor  Felony  Both

Is attending this program a diversion from jail?  Yes  No

Are you currently of probation or Parole?  Yes  No

Name of Probation/Parole Officer: \_\_\_\_\_

Probation/Parole Officer Number: \_\_\_\_\_

**Present Situation**

Why are you interested in this program?

What do you and your spouse/partner argue about?

What do you believe is the problem?

What kind of solutions have you tried?

**Last incident of violence**

When did it occur? \_\_\_\_\_

Where were you? \_\_\_\_\_

Who was with you?

Spouse/Partner    Children    Relatives    Friends

Were you drinking?    Yes    No

Were you taking drugs?    Yes    No

If you were taking drugs, what were you taking? \_\_\_\_\_

What was this argument about?

How did you abuse your spouse/partner?

Were the police called?    Yes    No

Were you arrested?    Yes    No

Were charges filed?    Yes    No

Was there a protective order issued?    Yes    No

Are you and your spouse/partner still together?    Yes    No

If you are not together any more, do you expect to get back together?  Yes    No

Has your spouse/partner filed for a divorce?  Yes    No

**Substance Abuse**

Do you drink or use drugs    Yes    No

If yes, how often and how much? \_\_\_\_\_

If no, when was the last time you drank or used drugs?

Has anyone ever expressed concern over your use of alcohol or drugs?  Yes  No

Explain:

Do you feel that alcohol or drugs contribute to your problems with your relationship?

Yes  No

With your violence?  Yes  No

With your job?  Yes  No

Have you ever had a chemical dependency evaluation?  Yes  No

Have you ever been to a chemical dependency treatment center?  Yes  No

If yes, when and where? \_\_\_\_\_

Did you complete the treatment?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever been arrested for DWI?  Yes  No

If yes, how many times and when? \_\_\_\_\_

Is there a history of chemical dependency/alcohol abuse in your family of origin?

Yes  No

**History of Mental Health**

Have you ever had a history of depression?  Yes  No

If yes, please explain when and if you received medical attention:

Do you have a history of threats/ideation, creation of homicide or suicide?

If yes, please explain:

Have you ever been in counseling?  Yes  No

If yes, what was it for?:

Have you ever been hospitalized for mental illness?  Yes  No

If yes, when, where and for how long?

<b>Abusive Behavior Inventory</b>  Date: _____ Name: _____  Here is a list of behaviors that many women report have been used by their partners or former partners. Please estimate how often these behaviors have occurred during the past six months prior to beginning this program. Place a check mark in the appropriate box.	<b>N = Never</b>	<b>1-3 Times</b>	<b>4 – 6 Times</b>	<b>7 – 10 Times</b>	<b>More than 10 times</b>
1. Called her a name or criticized her					
2. Tried to keep her from doing something she wanted (ex. Going out with friends, going to meetings)					
3. Gave her angry stares or looks					
4. Prevented her from having money for her own use					
5. Ended a discussion with her and made the decision myself					
6. Threatened to hit her or throw something at her					
7. Pushed, grabbed or shoved her					
8. Put down her family or friends					
9. Accused her of paying too much attention to someone or something else					
10. Put her on an allowance					
11. Used the children to threaten her (ex. Told her that she would lose custody, said you would leave town with the children)					
12. Became upset with her because dinner, housework or laundry wasn't ready when you wanted it or done the way you thought it should be					
13. Said things to scare her (ex. Told her something "bad" would happen, threaten to commit suicide)					
14. Slapped, hit or punched her					
15. Made her do something humiliating or degrading (ex. Begging for forgiveness)					
16. Checked up on her (ex. Listened to her phone conversations, checked mileage on the car, called her repeatedly)					
17. Drove recklessly when she was in the car					
18. Pressured her to have sex in a way she didn't like or want					
19. Refused to help with housework or childcare					
20. Threatened her with a knife or gun					
21. Told her she was a bad mother					
22. Stopped or tried to stop her from going to work or school					
23. Threw, hit, kicked or smashed something					
24. Kicked her					
25. Physically forced her to have sex					
26. Choked or strangled her					
27. Used a knife, gun or other weapon against her					