



Serving Southwest Iowa
Therapy, Groups, Assessments
PCIT, EMDR, Psychiatric Services
Team Meetings, Aftercare Program
www.therapyplaceinc.com

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Mailing Address: P.O. Box #1
Panama Iowa, 51562
*Offices In: Atlantic, Council Bluffs, and
Waterloo*

Parenting Assessment Information Needed:

Name of Child(ren):

State ID# for each child:

DOB for each child:

Address of Client(ren):

Phone Contact for Child(ren):

County:

Referral Worker:

Court Date, if applicable:

Need Copy of the Court Order for payment purposes:

Reason for the Parenting Assessment: (Including when DHS got involved, date of removal of child(ren) from the home, and CD issues, abuse issues, and any other pertinent information relating to this assessment for the parents):

Parent Name:

Parent Name:

Parent Address:

Parent Phone/Email Address if applicable:

What is the status of the Parent's Relationship at the time of referral:

Professionals involved in the case to contact, including the services being provided:

Name:

Phone/Email Address:

Name:

Phone/Email Address:

Name:

Phone/Email: