

CORNERSTONE

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Disclosure of Other Parent's Mental Health History

Sometimes individuals who participate in Parenting Time Evaluations do not fully disclose their relevant mental health history. This form provides an opportunity for you to report such history of the other parent if you know about it. You will need to provide specific information regarding the individual or agency who provided the other parent with services and approximate dates of those services. If the other parents fails to report such details, we will still have them fill out a release of information form based on your information.

Your Name: **Date:**

Other Parent's Name:

List of Mental Health Providers you believe the other parent has seen:

Name of provider	Type of Service	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____