RESTORATION COUNSELING

of Rochester, pllc

Client Intake Form

It is my desire to speak with you as soon as possible. In order to do this most efficiently, please fill out the following form, which will help me assess how to best work with you and your concerns. When you are finished please either bring this form to your first session or mail it back. Thank You.

Demographic Information:

Name:			Birth-date:		
Street Address:			_		
City:		State:		Zip:	
Phone #1:		<u> </u>	Phone #2:	_	
E-mail #1:			E-mail #2:		
Marital Status:	Single	Engaged/Married	Separated	Divorced	Widowed
How did you hear a	bout Restorat	ion Counseling/Joyce	Wagner?:		
Is there a specific da	y/time that is	s best for you to come	to counseling?		
Who should be cont	•	•	Name:		
Phone:			Relationship:		
Clinical Informa	tion:				
In your own words	, what has mo	tivated you to come to	o counseling nov	v?	

Concern Checklist:

Listed below you will find a list of problems people commonly face. This list surveys family, academic, social, spiritual, and other problems of everyday life. Read the list carefully and check the item(s) that are causing you the most trouble at this time.

Anxiety	Sadness	Fears	Substance Use				
☐Bad dreams/Nightmares	Afraid of hurting self	Fear of death	Difficulty quitting addiction				
Being overly excited	Difficulty concentrating	Fear of the failure	Drinking too much alcohol				
Difficulty relaxing	Feeling overly emotional	Fear of future	Fear of overdosing				
Feeling nervous	Feeling depressed	Fear of people	Smoking too many cigarettes				
Racing thoughts	Suicidal thoughts/behaviors	Irrational fears	Using drugs				
Parents	Finances	Feelings	Spirituality				
	Can't make ends meet						
Difficulty talking with parents	Can't decide on career	Feeling anxious	☐ Afraid God will punish me☐ Confusion about God				
Parents constantly arguing		Feeling guilty					
Parents being too strict	Spending money foolishly	Feeling inferior	Feeling unaccepted by God				
Parents interfering with life	Unable to find job	Feeling lonely	Failure with God				
Parents Separated/Divorced	Worried about finding job	Feeling no one likes me	Feeling abandoned by God				
Poor relationship with parents	Worries about money	Feeling sad	Inability to get to church				
Anger	Friends	Health	Self-Esteem				
Difficulty loosing temper	Death of close friend	Anorexia	Being overweight				
Fear that I might hurt someone	Difficulty getting close w/ others	Bulimia	Being underweight				
Feeling jealous	Friend emotionally upset	Headaches	Being noticed for physical appearance				
Getting into arguments	Friend attempting suicide	Lack of Energy	Eating too much				
☐Getting into fights	☐Friend committing suicide	☐ Lack of Sleep	☐Feeling unattractive				
☐Hurting other's feelings	Friend with serious illness	Racing heart	☐ Hating Self				
☐Inability to express anger	☐Missing good friend(s)	Serious Illness	☐ Identity Issues				
☐ Upset about past hurts	☐Picking the wrong friends	Stomachache/ulcer	☐Poor eating habits				
Social Situations	Sexuality	Work	Guilt				
Awkward meeting new people	Concern about sexual orientation	Difficulty with supervisor	☐ Being careless				
Being criticized by others	Dating issues	Difficulties with work load	Cheating				
Being left out of things	Difficulties with sexual thoughts	Feeling out of place	Feeling ashamed of something				
Critical of others	Difficulty getting dates	Financial worries	Getting into trouble				
Difficulty making friends	Difficulties with sexual behavior	Getting low/failing grades	Giving into temptation				
Having a bad attitude	☐ End of relationship	Performance issues	☐ Involved in inappropriate relationship				
Having few hobbies	☐ Involved in bad relationship	Missing work due to illness	Lacking self-control				
Having strong opinions	Memories of past sexual abuse	Not in right job	Not being honest with others				
Having little/no opinions	No sexual thoughts/behaviors	Overloaded with work	□ Not taking things seriously				
Lacking self-confidence	Questions about sex	Poor memory for work	Stealing from others				
Lack of interest in activities	Uncomfortable with other sex	Poor work habits	Unable to stop bad habit				
Uncomfortable in situations	Sexually underdeveloped	Unable to concentrate on work	Use of pornography				
=		=					
☐Wish people liked me better	☐ Wondering about marriage Other	Worries about performance Other Continued	Unexpected Pregnancy				
Family	_		Other (Please specify):				
Death of family member	Acting strangely	Hearing voices					
Difficulty with brother/sister	Compulsive behaviors	Involved in abusive situation					
Family member with illness	Difficulties with reality	Little or no emotion					
Family member loosing job	Family history of mental illness	Loosing portions of time					
Feeling homesick	Feeling strange	Obsessive thoughts					
Poor relationship with family	Gender confusion	Self-Harming behaviors					
n your opinion, which of the following is most applicable?							
This is a series that series			-i				
This is a concern that would probably be resolved with one meeting. It is just a consultation or discussion to get some input from a third party. I'd like to see someone as soon as possible, but this isn't an emergency.							
This is a concern that will probably require several sessions. I've been thinking about it for a while. I'd like to start as soon as possible (within one to two weeks).							
5 10 1/10 (100m).							
This is a concern that will	probably require several sessions. T	he situation is urgent; I need to speak v	with someone within the next 24 hours				
rino is a concern that will	probably require several sessions.	ne steadon is digent, i need to speak v	vien someone within the next 2+ nours.				