

# Restoration Counseling Services

## Client Intake Form

Today's Date: \_\_\_\_\_

### **A. Identification**

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

*\*\* Is it okay to leave messages and/or texts on this phone regarding appointment times and dates? Y/N \_\_\_\_\_*

### **B. Insurance**

Name of Insurer/Sponsor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Group/Member ID: \_\_\_\_\_

### **C. Referral**

How did you hear about my services? \_\_\_\_\_

May I have your permission to thank this person for the referral?  Yes  No

### **D. Your medical care:**

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Please list all current medications or over the counter medicines you are taking and dosage:* \_\_\_\_\_

**C. Emergency information**

If some kind of emergency arises with you; whom should we notify after contacting emergency services?

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**D. Employment /Education**

Name of Company \_\_\_\_\_ Telephone# \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Date Attended: \_\_\_\_\_

**E. Reason for Your Visit:**

\_\_\_\_\_  
\_\_\_\_\_

**F. What goals are you hoping to achieve from therapy?**

\_\_\_\_\_  
\_\_\_\_\_