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# RESTORATION COUNSELING

*of Rochester, pllc*

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## 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:	_____	Phone #2:	_____		
E-mail #1:	_____	E-mail #2:	_____		
Marital Status:	Single	Engaged/Married	Separated	Divorced	Widowed
How did you hear about Restoration Counseling/Joyce Wagner?:	_____				
Is there a specific day/time that is best for you to come to counseling?	_____				
Who should be contacted if an emergency arises?	Name:	_____			
Phone:	Relationship:	_____			

### Clinical Information:

In your own words, what has motivated you to come to counseling now?

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95 ALLENS CREEK ROAD, BUILDING 1, SUITE 301 ROCHESTER, NY 14618

585-733-9465 | WWW.RESTORATIONCOR.COM | JOYCE@RESTORATIONCOR.COM

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## 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 circle the item(s) that are causing you the most trouble at this time.

### Anxiety

Bad dreams/Nightmares  
Being overly excited  
Difficulty relaxing  
Feeling nervous  
Racing thoughts

### Parents

Difficulty talking with parents  
Parents constantly arguing  
Parents being too strict  
Parents interfering with life  
Parents Separated/Divorced  
Poor relationship with parents

### Anger

Difficulty loosing temper  
Fear that I might hurt someone  
Feeling jealous  
Getting into arguments  
Getting into fights  
Hurting other's feelings  
Inability to express anger  
Upset about past hurts

### Social Situations

Awkward meeting new people  
Being criticized by others  
Being left out of things  
Critical of others  
Difficulty making friends  
Having a bad attitude  
Having few hobbies  
Having strong opinions  
Having little/no opinions  
Lacking self-confidence  
Lack of interest in activities  
Uncomfortable in situations  
Wish people liked me better

### Family

Death of family member  
Difficulty with brother/sister  
Family member with illness  
Family member loosing job  
Feeling homesick  
Poor relationship with family

### Sadness

Afraid of hurting self  
Difficulty concentrating  
Feeling overly emotional  
Feeling depressed  
Suicidal thoughts/behaviors

### Finances

Can't make ends meet  
Can't decide on career  
Spending money foolishly  
Unable to find job  
Worried about finding job  
Worries about money

### Friends

Death of close friend  
Difficulty getting close w/ others  
Friend emotionally upset  
Friend attempting suicide  
Friend committing suicide  
Friend with serious illness  
Missing good friend(s)  
Picking the wrong friends

### Sexuality

Concern about sexual orientation  
Dating issues  
Difficulties with sexual thoughts  
Difficulty getting dates  
Difficulties with sexual behavior  
End of relationship  
Involved in bad relationship  
Memories of past sexual abuse  
No sexual thoughts/behaviors  
Questions about sex  
Uncomfortable with other sex  
Sexually underdeveloped  
Wondering about marriage

### Other

Acting strangely  
Compulsive behaviors  
Difficulties with reality  
Family history of mental illness  
Feeling strange  
Gender confusion

### Fears

Fear of death  
Fear of the failure  
Fear of future  
Fear of people  
Irrational fears

### Feelings

Feeling anxious  
Feeling guilty  
Feeling inferior  
Feeling lonely  
Feeling no one likes me  
Feeling sad

### Health

Anorexia  
Bulimia  
Headaches  
Lack of Energy  
Lack of Sleep  
Racing heart  
Serious Illness  
Stomachache/ulcer

### Work

Difficulty with supervisor  
Difficulties with work load  
Feeling out of place  
Financial worries  
Getting low/failing grades  
Performance issues  
Missing work due to illness  
Not in right job  
Overloaded with work  
Poor memory for work  
Poor work habits  
Unable to concentrate on work  
Worries about performance

### Other Continued

Hearing voices  
Involved in abusive situation  
Little or no emotion  
Loosing portions of time  
Obsessive thoughts  
Self-Harming behaviors

### Substance Use

Difficulty quitting addiction  
Drinking too much alcohol  
Fear of overdosing  
Smoking too many cigarettes  
Using drugs

### Spirituality

Afraid God will punish me  
Confusion about God  
Feeling unaccepted by God  
Failure with God  
Feeling abandoned by God  
Inability to get to church

### Self-Esteem

Being overweight  
Being underweight  
Being noticed for physical appearance  
Eating too much  
Feeling unattractive  
Hating Self  
Identity Issues  
Poor eating habits

### Guilt

Being careless  
Cheating  
Feeling ashamed of something  
Getting into trouble  
Giving into temptation  
Involved in sexual relationship  
Lacking self-control  
Not being honest with others  
Not taking things seriously  
Stealing from others  
Unable to stop bad habit  
Use of pornography  
Unexpected Pregnancy

### Other (Please specify):

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## In your opinion, which of the following is most applicable?

\_\_\_\_\_ 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).

\_\_\_\_\_ This is a concern that will probably require several sessions. The situation is urgent; I need to speak with someone within the next 24 hours.

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