

# Restoration Counseling Services

## Short Intake

1) Name: \_\_\_\_\_ 2) Today's Date: \_\_\_\_\_

3) Address:

\_\_\_\_\_  
Street & Number City State Zip

4) Telephone(s): Home \_\_\_\_\_ Work \_\_\_\_\_

5) OK to leave a message at # \_\_\_\_\_

6) e-mail address: \_\_\_\_\_

7) Is it ok to send an e-mail to this address? Yes \_\_\_\_\_ No \_\_\_\_\_

8) Birth Date: \_\_\_\_\_ 9) Gender: \_\_\_M \_\_\_F 10) Race: \_\_\_\_\_

11) Occupation: \_\_\_\_\_

12) Years employed: \_\_\_\_\_ 13) Marital Status: \_\_\_\_\_

14) Person who does not live with you to contact in case of emergency:

\_\_\_\_\_  
Name Phone Relationship

14) How were you referred?:

\_\_\_\_\_

15) **Brief description of presenting issues:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_