

**Restorative Mediation & Wellness Centre**

**CLIENT INTAKE FORM**

**PERSONAL INFORMATION:**

1. Name & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON FOR SEEKING COUNSELLING:**

Briefly describe the main reasons you are seeking counselling at this time:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**PERSONAL HISTORY:**

1. Marital Status: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. Number of Children: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3. Occupation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

4. Educational Background: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. Any previous experience with counselling:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY:**

1. Any current medical conditions: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. Current medications: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3. Allergies: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MENTAL HEALTH HISTORY:**

1. Any previous mental health diagnoses: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. History of therapy or counseling: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3. Current symptoms or concerns: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GOALS FOR COUNSELLING:**

1. What do you hope to achieve through counselling?

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2. Any specific goals or outcomes you are hoping for:

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**ADDITIONAL INFORMATION:**

1. How did you hear about our counselling services?

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

2. Is there anything else you would like us to know before your first session?

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**CONSENT AND AGREEMENT:**

1. I understand that the information provided will be kept confidential and will only be used for the purpose of counseling.

2. I agree to the terms and conditions of counseling services.

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| --- |
| **Indemnity:**I acknowledge that all counselling and services I receive from RESTORATIVE MEDIATION & WLLNESS CENTRE**,** I receive of my own risk. I am aware that the Pastoral Counsellor is a facilitator and not a Psychologist or Social worker. The Counsellor as facilitator’s  ***role is to Empower, Support, Guide & Comfort***.I undertake not to hold Restorative Mediation & Wellness centre liable of any loss, injury or harm sustain to my person or property. I further acknowledge that I utilize the facility at my own risk. I further undertake to indemnify Restorative Mediation & Wellness Centre**,** its managing team, employees and counsellors against any claims made by any of my dependants. ***The information in these sessions will be handled in a confidential manner.It is required by law that ANY incidences of “reasonably suspected child abuse”, the intent to harm or endanger another person or one’s self, be reported to the relevant authorities.***I ALSO UNDERSTAND THAT HOPE WILL NOT DISCLOSE ANY INFORMATION TO ASSIST CLIENTS IN LEGAL CASES OR MATTERS. |
| **Signature of client Witness Counsellor Date** |

**SECTION B: To be filled out by the client**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROBLEM/PROBLEEM** |  | **Self Image/Self Beeld**  |  |
| **Marriage issues** |  | * **Low self-Image**
 |  |
| * Lack of Intimacy
 |  | * Self doubt
 |  |
| * Infidelity
 |  | * Fear of Failure
 |  |
| * Financial Problems
 |  | * Lack of Confidence
 |  |
| * Communication
 |  | * Self Criticism
 |  |
| * Trust Issues
 |  | * Difficulty Accepting Compliments
 |  |
| * Conflict Issues/Resolution
 |  | * Fear of Rejection
 |  |
| * Blended Families/In - Laws
 |  | **OTHER ISSUES** |  |
|  |  | * Grief & Loss
 |  |
| Emotional Well-Being(The 8 Dynamics) |  | * Time Management
 |  |
| * Anger Management
* Burnout
 |  | * Substance

(Addiction Substance, Relapsed) |  |
| * Emotionmal Regulation
 |  | **TRAUMA** |  |
| * Stress Management
 |  |  |  |
| * Self-Care
 |  |  |  |
| * Work-Life Balance
 |  | **DOMESTIC VIOLENCE** |  |
| **EMOTIONAL/EMOSSIONEEL** |  | Physical |  |
| * Depressed/Neerslagtig
 |  | Sexual |  |
| * Anxiety/Angsaanvalle
 |  | Economic |  |
| * Confused/deurmekaar
 |  | Emotional, Verbal, Psychological |  |
| * Insecure/Onveilig
 |  | Intimidation |  |
| * Guilt / Skuldgevoel
 |  | Harasment |  |
| * Eensaam/Lonely
 |  | Stalking , Spiritual Abuse |  |
| * Anger /
 |  | Damage to Property |  |
| * Suicidal
 |  | (hA) elder abuse;(hB) coercive behaviour;(hC) controlling behaviour;(hD) exposing or subjecting children to behaviour listed in (a) to (hC); (i) entry into the complainant’s or a related person’s— (i) |  |