

Welcome to the Rest Counseling Services. We are grateful that you have welcomed us into your life at this time. It is never easy to ask for help. We admire the courage and humility this first step represents on your part. We look forward to journeying with you as you reach your goals.

The next step in the counseling process is to complete the intake form, attached. This form is designed to:

- 1) Help us get to know you in a comprehensive, holistic, and efficient manner.
- 2) Help you organize your thoughts about your counseling objectives.

Please allow approximately 45 minutes to complete this form.

After we receive your completed form, you will be contacted to set up an Initial Interview. After the interview, you will be matched with a counselor, who will call or email to schedule your first appointment. Please allow 2-4 weeks.

The Form consists of the following parts:

- The following two pages contain the policies and counseling agreement of RCS. Please read, initial, and sign these pages. If you have any questions, your counselor will be happy to answer them.
- The last five pages provide your counselor with background information on your situation (if you are requesting marriage counseling, then you and your spouse will both need to complete a form).

Please
Note:

- Childcare is not provided, and children are not allowed to sit unattended in the waiting room. If you are unable to make alternative plans for your child for the first appointment and subsequent consultations, then counseling should be postponed until arrangements can be made.
- From time to time, we receive more requests than counselors. In that case, we will call and let you know that you have been placed on a waiting list and give you an approximate time frame for when counseling may begin. We may also suggest other services or resources that might benefit you.

We are grateful to be able to serve you and to be a part of the journey that awaits. We look forward to playing a role in your growth, progress, and hope.

Rest Counseling Services Agreement

Instructions for Policy Review: After carefully reading each policy, please place your initials (beside the dark triangles) in the space provided to indicate your understanding and agreement with each policy. If you have questions, please call the office. If for any reason you are unable to sign these forms, we will be unable to serve you.

Your Rights as a Couselee: As a couselee, we want you to be comfortable discussing possible outcomes, challenges, and the potential duration of the counseling process. We also desire to make sure we mutually understand the goals, and desired outcome of counseling, as well as alternative options to that counseling. You have the right to ask about and/or refuse any techniques used. If you believe there are matters you and your counselor are not in agreement about, you are encouraged to report those issues to your counselor.. You may conclude counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.

Not Professional Advice: If you have significant legal, financial, medical, or other technical questions, you should seek advice from an independent professional. We do not give medical or legal advice.

PHILOSOPHY OF CARE

We believe that our clients are the experts of their own lives. We support your ability to make your own decisions. Our counselors are not infallible, nor do they pretend to know all there is to know about the evolving field of psychotherapy and its application to life. They are, however, well equipped and competent to help people change when willing. They will make a point to hold you accountable to the goals created in session.

Your counselor may regularly assign homework to give further practice in the principles discussed in the counseling session. This homework is an important part of the counseling process and should be completed for each session. Homework is how we keep track of and encourage your growth. The completion of homework assignments is necessary to the effectiveness of counseling.

Initial here if you understand and agree with this Philosophy of Care:

WAIVER OF LIABILITY

In seeking counseling from RCS, you must acknowledge your understanding of the following conditions and further release RCS, its staff, counselors, employees, and associates from any legal liability, claim, or litigation arising from your participation in this mental health service:

Counseling will be provided by a trained Professional Counselor. The counseling staff is not a licensed counselor through the state of Michigan.

1. All counseling is provided in accordance with principles supported by the Diagnostic and Statistical Manual of Mental Disorders the Fifth Edition (or the most current DSM Edition); 2. It is understood by the participant/couselee(s) that all complaints and grievances can be forwarded to the counselor. 3. For the protection of both our couselees and counselors, **video recording** devices (no audio) are installed on the premises. All activity in the premises will be video recorded (no audio) and stored locally on a server at the counseling center. These recordings will not be copied or distributed for any purpose unrelated to necessary safety or legal review. By initialing below, you acknowledge that you have been informed that the premises are video recorded.

Initial here if you understand and agree with this Waiver of Liability:

CONFIDENTIALITY CLAUSE

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us to the extent that the state requires. Complete and absolute confidentiality in all cases is not guaranteed. Your counselor reserves the right to consult with other members of the RCS for the purpose of providing the highest level of care within the practice.

There are times when counseling information must be shared outside of the therapeutic relationship. Those exceptions would include, but are not limited to the following:

- Known or suspected child, elderly, or other vulnerable person abuse of any kind
- The intent to take criminal actions or violence against another person
- Active suicidal thoughts or intentions
- Records are requested by court order or other lawful means.

If you are suicidal during the course of your counseling, it is crucial that you talk with your counselor about these matters. By initialing this paragraph, you are agreeing to share any suicidal thoughts or intentions with your counselor at any time they arise and that you would seek medical care if you become suicidal in the course of your counseling.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the relationship and not to the individual.

Initial here if you understand and agree with this Confidentiality Clause:

CONSENT TO COUNSEL

Having read and understood the Financial Policy Philosophy of Care Waiver of Liability Confidentiality

Clause I, _____ (print name) am voluntarily entering into a counseling relationship.

I also understand that Rest Counseling Services may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other similar issues.

Please sign to indicate that you have read the policies in this document, you agree with and understand each of these policies, and, you are enrolling yourself into counseling of your own will.

Counselee Signature and Date _____

Counselor Signature and Date _____

COUNSELING INTAKE FORMS Personal Information

Date: _____ Name: _____

Gender: Male Female Age: _____

Address: _____ City/State: _____ Zip: _____ Primary Phone #: _____

May we leave a message here? Yes No

Second Phone #: _____ May we leave a message here? Yes No

What is your preferred way of contact: text call email

Birth date: _____ / _____ / _____

Email Address: _____

Occupation/Employer: Avg. Hours/Week: _____

Education: _____

School: _____

What days and times are you available to meet?

Who referred you or how did you hear about us?

With whom do you currently live? (Please check all that apply)

Alone Parent(s) Spouse Children Boyfriend Girlfriend

Other: _____

Marriage & Family Information (Including those who are currently engaged or dating)

Name of Spouse/Significant Other: _____ Age: _____

Primary Phone #: _____ Email Address: _____

Occupation/Employer: Avg. Hours/Week: _____ Is spouse/significant other

willing to come for counseling? Yes No Uncertain Have you ever been separated?

Yes No Currently When/How Long? _____

Date of Marriage: _____

Age at time of Marriage: Husband _____ Wife _____

How long did you know your spouse before marriage?

Length of steady dating: _____

Length of engagement: _____

Give brief information about any previous marriages:

Ex-Spouse's Name _____ **Length of Marriage** _____ **#Children** _____

Reason for Divorce or Termination of Marriage _____

Spiritual/Religious Information

Worship Space Name: _____ Number of years attended: _____

Attendance: _____ times per month Are you a part of a small group? Yes No

If "Yes", who is your small group leader? _____

Please list any ministry involvement:

Worship space attended in childhood:

If applicable, what is the religious background of your spouse?

Spouse's attendance: _____ times per month Do you and your spouse openly discuss and encourage one another in your faith? Yes No Do you pray to a God? Yes No How often? _____

What do you pray about?

Please note any recent changes in your spiritual life:

Health Information Have you had counseling before? Yes No Have you seen a psychiatrist before?

Yes No Currently

Age/ Duration/ Counselor/Center/ Issue(s) or Topics(s)/Diagnosis: Your Evaluation of Counseling (Please explain):

Approximately how many hours of sleep do you get each night?

When do you normally: go to bed? _____ fall asleep? _____ wake up? _____ get out of bed? _____

Describe any recent changes in sleep habits: State of current health: Very good Good Average

Declining Other: _____

Date of last medical examination: _____

Results: _____

Current illness, injury, or disability:

_____ Are you presently taking any

medication? Yes No Prescribing Doctor(s): _____

Medication Dosage Frequency Prescribed for... Date began taking...

Have you used drugs for other than medical purposes? Yes No When? _____

What? _____ Amounts/Dosages: _____ Do you drink alcoholic

beverages? Yes No When? _____

How much?

Describe your eating habits or changes in appetite:

Describe your exercise routine:

_____ Recent weight changes?

Yes No Describe: _____

Number of non-working hours per week spent watching television: on computer: hobbies: _ _

How much time do you spend on non-work related screen time, social media, etc.? _____ hours per day.

Indicate how distressed you are by placing an "x" on the scale below (1=very little | 10=extreme):

1 2 3 4 5 6 7 8 9 10

Circle the following struggles you are experiencing at this time: 1 if mild | 2 if moderate | 3 if severe

Please circle the ones that are most important to you.

Abuse (Physical), Fear, People Pleasing, Abuse (Sexual), Financial Management, Perfectionism
Abuse (Verbal), Forgiveness, Pornography, Abuse in the Past, Greed, Pre-Marital Sex, Addiction,
Grief, Pride, Anger, Guilt, Priorities, Anxiety, Sexuality, Procrastination, Apathy, Humility, Purpose, Bad
Memories, Identity, Rebellion, Bitterness, Impatience, Regrets, Caring for Parents, Infertility, Rejection,
Chronic Pain, Insecurity, Relationships, Communication, Affection, In-Law Conflict, Respecting
Authorities, Communication, Day to Day Routine, Jealousy, Respecting Parents, Emotions, Judgmental
Behaviors, Respecting Spouse, Planning, Leadership, Lifestyle Change, Self-Control, Compulsions,
Loneliness, Self-Injury, Conflict Resolution, Lying, Selfish Behavior, Depression, Manipulation, Shame,
Debt, Marital Intimacy, Social Anxiety, Discontentment, Moodiness, Spiritual Growth, Divorce,
Recovery, Submission, Doubt, Panic Attacks, Suicidal Thinking, Eating Disorder, Parenting,
Time Management, Empty Nest Parenting, Trust, Envy, Peer Pressure, Work, Adoption

Which of the following words best describe your home of origin (click all that apply):

Traditional Substance Sexual Abuse Abuse Authoritarian Physical Affectionate

Abuse Unpredictable Verbal Affirming Abuse Divorced Perfectionist Permissive

Lonely Critical Safe

Please complete the following in one or two sentences:

In order to understand
me... _____

My ambition in life is
to... _____

What really hurts me
is... _____

What I wish I could change about myself
is... _____

My biggest regret
is... _____

My greatest achievement

is..._____

My role in my current family

is..._____

When life gets too hard, I

usually..._____

To be happy, I

need..._____

I would do anything

to/for..._____

Please answer the following questions:

1. Please describe the current problem, as you understand it.

2. What have you done about it? What was the most effective and the least effective?

3. What are your expectations in coming here?

4. What, if any, are your concerns about coming to counseling?

5. What do you believe you will have to change in order to see the progress you desire?

6. Is there any other information we should know?

Thank you for taking the time to complete these forms. The information you have provided will enable us to better serve you.