RESTORE 12 RECOVERY

Coaching & Counseling Intake Form

“Healing begins when we become willing to tell the truth about our story.”

Thank you for taking the first step toward restoration. This intake helps us understand your current needs, goals, experiences, and expectations so your sessions can be approached with compassion, respect, and care. Please answer only what you feel comfortable sharing.

1. PARTICIPANT INFORMATION

Full Name: _____ **Preferred Name:** _____

_____

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Date of Birth: _____ **Phone:** _____

_____

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Email: _____ **Preferred Contact:** ■ **Phone** ■ **Text** ■ **Email**

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Emergency Contact: _____ **Relationship:** _____

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Emergency Contact Phone: _____

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2. WHAT BRINGS YOU TO RESTORE 12?

What prompted you to seek coaching/counseling at this time?

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What would you most like help with?

- ■ Trauma/healing
- ■ Grief or loss
- ■ Relationship challenges
- ■ Self-esteem/self-worth
- ■ Boundaries
- ■ Life transition
- ■ Addiction/recovery
- ■ Divorce/separation
- ■ Family issues
- ■ Emotional overwhelm
- ■ Anger/emotional regulation
- ■ Spiritual growth

■ Purpose/identity

■ Other: _____

3. YOUR CURRENT SEASON

How would you describe your current emotional state?

■ Stable

■ Overwhelmed

■ Discouraged

■ Anxious

■ Angry

■ Grieving

■ Confused

■ Hopeful

■ Emotionally exhausted

■ Other: _____

What is the biggest challenge you are facing right now?

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What do you hope will be different after your Restore 12 journey?

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4. TRAUMA & LIFE EXPERIENCES

Have you experienced significant life experiences that continue to affect you today?

■ Childhood trauma

■ Abuse

■ Domestic violence

■ Abandonment

■ Neglect

■ Loss/death

■ Divorce

■ Betrayal

■ Incarceration

■ Addiction/substance use

■ Financial hardship

■ Family conflict

■ Other significant experience

■ Prefer not to answer

Optional: Please briefly describe what you feel comfortable sharing.

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What situations or experiences tend to trigger difficult emotions for you?

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5. RELATIONSHIPS & SUPPORT

Who do you currently consider part of your support system?

- ■ Family
- ■ Friends
- ■ Church/ministry
- ■ Recovery community
- ■ Therapist/counselor
- ■ Sponsor/mentor
- ■ No current support system
- ■ Other: _____

How supported do you currently feel?

- ■ Very supported
- ■ Somewhat supported
- ■ Not very supported
- ■ Not supported

Are there relationship patterns you would like to change?

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6. RECOVERY INFORMATION

Are you currently working on recovery from substance use or another addictive behavior?

■ No ■ Prefer not to answer

If yes, what type of support are you currently receiving?

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Have you previously participated in a recovery program? ■ Yes ■ No

If yes, what was helpful?

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What has been difficult about previous recovery experiences?

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7. MENTAL & EMOTIONAL WELL-BEING

Are you currently receiving services from a licensed mental-health professional? ■ Yes ■ No

If yes: ■ Therapist ■ Clinical social worker ■ Psychologist ■ Psychiatrist ■ Other: _____

Are you currently taking medication prescribed for a mental-health condition? ■ Yes ■ No ■ Prefer not to answer

If applicable, list any current medications you want your provider/coaching team to know about:

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8. SAFETY SCREENING

Your safety matters.

Have you recently had thoughts of harming yourself? ■ No ■ Yes ■ Prefer not to answer

Have you recently had thoughts of harming someone else? ■ No ■ Yes ■ Prefer not to answer

Are you currently experiencing domestic violence, abuse, or an unsafe living situation? ■ No ■ Yes ■ Prefer not to answer

Important: Restore 12 is not an emergency service. If you are in immediate danger or experiencing a life-threatening emergency, call 911 or go to the nearest emergency department. For crisis support in the United States, call or text 988.

9. FAITH & SPIRITUALITY

How would you describe your current relationship with God?

■ Strong ■ Growing

■ Struggling ■ Distant

■ Unsure ■ Exploring my faith

■ Prefer not to discuss

Would you like faith and Scripture incorporated into your sessions? ■ Yes ■ No ■ Sometimes

Would you like prayer incorporated into your sessions? ■ Yes ■ No ■ Sometimes

Are there spiritual experiences that have contributed to your healing or hurt?

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10. YOUR GOALS

Goal 1:

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Goal 2:

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Goal 3:

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“By the end of my Restore 12 journey, I would like to…”

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One thing I need help learning is:

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One thing I am ready to release is:

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One thing I hope to rediscover is:

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11. SESSION PREFERENCES

What type of support are you seeking?

- ■ Individual coaching
- ■ Individual counseling/therapy with a licensed professional
- ■ Recovery support
- ■ Group recovery
- ■ Faith-based mentoring
- ■ Spiritual support
- ■ Unsure — I would like help determining the appropriate service

Preferred session format: ■ In person ■ Virtual ■ Either

Preferred session frequency: ■ Weekly ■ Every other week ■ Monthly ■ As needed

12. PARTICIPANT ACKNOWLEDGMENT

I understand that Restore 12 Recovery is designed to provide faith-based recovery support, coaching, education, encouragement, and personal-development services. I understand that coaching, mentoring, spiritual support, and recovery education are not a substitute for emergency services, medical care, or mental-health treatment from a properly licensed professional. I understand that I may be referred to an appropriate licensed professional or emergency resource when my needs exceed the scope of coaching or spiritual support. I understand that information I provide will be handled with respect and according to the organization's applicable privacy and confidentiality practices, subject to applicable legal and safety exceptions.

Participant Name:

_____

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Signature:

_____

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Date:

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FOR PROVIDER / COACH USE ONLY

Date of Intake: _____ **Coach/Provider:** _____

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Primary presenting concern:

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Identified goals:

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Strengths identified:

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Immediate concerns:

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Referral recommended: ■ No ■ Mental-health professional ■ Medical provider ■ Substance-use treatment ■ Crisis services ■ Domestic-violence resources ■ Other: _____

Follow-up plan:

_____

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Recommended Restore 12 phase:

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Next Appointment:

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