



Restoration Counseling, LLC.

APPLICANT PROFILE

(Please print)

Date: _____

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

What is your preferred name? _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Date of Birth (Mo./Day/Yr.): _____ Age: _____ Sex: Male _____ Female _____

Race (optional): _____ National Origin (optional): _____

Please list phone numbers where the counselor may contact you:

Home: (____) _____ May we leave a message? Yes ___ No ___

Work: (____) _____ May we leave a message? Yes ___ No ___

Cell: (____) _____ May we leave a message and text you? Yes ___ No ___

Email _____ May we email you? Yes ___ No ___

*Please note email correspondence is not considered to be a confidential medium of communication

Request for Counseling

In your estimation, what is your greatest concern or need?

Were you referred to Restoration? Yes ___ No ___ If yes, by whom? _____

May we have your permission to contact that person to thank them for the referral? Yes ___ No ___ Initials ___

Have you been treated by, consulted with, or received counseling/therapy from a mental health professional in the past? Yes ___ No ___

Are you currently under the care of a mental health professional? Yes ___ No ___

Health Information

Please list any previous therapy or treatment you have received from mental health professionals:

Date(s)	Name of Therapist/ Place of Therapy	Nature of Problem/ Reason for Seeking Therapy	Result of Treatment

Please list any medications that you are taking currently:

Name	Dosage	Results

Family Information

What is your marital status? Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed ___

If applicable, what is your spouse's/roommate's name? _____

What is the sex and age of your spouse/roommate? Male _____ Female _____ Age: _____

If applicable, what are your children's names? (*Print name, indicate sex, age and check if they are living at home with you.*)

_____ M / F Age: _____ Home: _____ _____ M / F Age: _____ Home: _____

_____ M / F Age: _____ Home: _____ _____ M / F Age: _____ Home: _____

_____ M / F Age: _____ Home: _____ _____ M / F Age: _____ Home: _____

Education and Employment Information

Please check all that apply to you: High School Graduate ___ Some College Experience ___ College Graduate ___

Trade/Business School Experience ___ Graduate School _____

If applicable, who is your present/most recent employer? _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Length of Employment: _____

What is/was the nature of your employment?: _____

Personal Spiritual Information

Do you consider yourself spiritual or religious? If so, please briefly describe your faith or beliefs.

Significant Life Events

Please answer the following questions:

Yes or No

Are you currently having thoughts of harming yourself e.g. -cutting or suicide?

If yes, please explain _____

Have you ever attempted suicide?

If yes, when: _____

Please describe the circumstances:

Have you ever been physically or sexually abused?

If yes, what was your relationship to the abuser? _____

Does any member of your family suffer from addictions or substance abuse? If yes, what is their relationship to you? _____

Has anyone in your family been hospitalized for psychiatric care? If yes, what is their relationship to you? _____

Printed Name of Client

Signature of Client

Date