ReGenesis Counseling Intake Form

The following information is needed to best help you. Please print your responses clearly.
ALL RECORDS ARE STRICTLY CONFIDENTIAL

SECTION I: IDENTIFYING INFORMATION

Today's Date: _____

Intake Counselor: _____ Assigned To:_____

Legal First Name: _____ Legal Last Name: _____

Preferred Name: _____

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

Contact Number: _____ ([ ] Home [ ] Mobile [ ] Work)

Is it okay to leave a voicemail? [ ] Yes [ ] No Is it okay to send text messages? [ ] Yes [ ] No

E-mail Address: _____ Okay to email? [ ] Yes [ ] No

Date of Birth: _____ Age: _____ Gender: _____ Ethnicity: _____

[ ] Single [ ] Engaged [ ] Married [ ] Divorced [ ] Separated Years Married: _____ No. of Children: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Family Members Currently Living In Home:

Full Name	Relationship	Age

Financial:

Your Employer: _____ Your Salary: _____

Spouse's Employer: _____ Spouse's Salary: _____

Would you like Faith/Spirituality to be integrated into your counseling sessions? [ ] Yes [ ] No [ ] Open to it

Church Home (if any): _____

How did you hear about ReGenesis Counseling? _____

SECTION II: DESCRIPTION OF PRESENTING PROBLEM

Why did you decide to seek counseling?

_____

_____

_____

What are your goals for counseling? (What do you want to work on?)

_____

_____

What are your greatest strengths or coping strategies that have worked for you in the past?

_____

_____

How long has this been a significant problem for you? (Please be specific) _____

_____

_____

How would you estimate the severity of the problem? [ ] Mild [ ] Moderate [ ] Serious [ ] Severe

What symptoms are you experiencing? (Check all that apply):

[ ] Depressed mood	[ ] Social withdrawal	[ ] Anxiety	[ ] Restless/Jumpy
[ ] Low motivation	[ ] Feeling worthless	[ ] Fears / Phobias	[ ] Muscle tension
[ ] Fatigue / Loss of	[ ] Crying	[ ] Obsessions	[ ] Trembling / Shaking
[ ] Appetite changes	[ ] Nightmares	[ ] Outbursts of temper	[ ] Sweating
[ ] Weight gain / loss	[ ] Sleeping problems	[ ] Aggressive behavior	[ ] Rapid heart rate
[ ] Difficulty concentrating	[ ] Odd thoughts	[ ] Compulsive behaviors	[ ] Shortness of breath
[ ] Easily distracted	[ ] Distrust	[ ] Drinking alcohol	[ ] Stomach problems
[ ] Suicidal thoughts	[ ] Self-mutilation	[ ] Taking drugs	[ ] Pain
[ ] Relationship issues	[ ] Financial problems	[ ] Housing problems	[ ] Work/School issues

Other symptoms: _____

_____

SECTION III: MEDICAL & PSYCHIATRIC HISTORY

List any significant past or current health, medical, or psychiatric issues:

Dates	Problem	Treatment	Hospitalized? (Y/N)

Are you currently seeing, or have you ever seen a psychiatrist, psychologist, therapist, or counselor?

[ ] Yes [ ] No

Dates	Name/Type of Therapist	Focus of Treatment	Was it helpful?

Have you ever been given a mental health diagnosis? [ ] Yes [ ] No

If yes, as you understand it, what is/was that diagnosis? _____

_____

Have you ever been admitted into a mental health care facility? [ ] Yes [ ] No

Dates	Name and Location of Facility

Have you ever attempted suicide? [ ] Yes [ ] No

If yes, please explain _____

_____

_____

Have any family members ever attempted suicide? [ ] Yes [ ] No

If yes, please explain _____

_____

_____

SECTION IV: MEDICATIONS AND SUBSTANCES

List all medications you are now taking or have taken in the past 3 months (including supplements):

Medication	How Long Taken?	Prescribing Physician	Helpful (Y/N)

Daily/Weekly Consumption:

Caffeine (Coffee/Tea/Soda/Energy Drinks): _____ Nicotine (Cigarettes/Vaping): _____

Alcohol (Amount & Type): _____ Recreational Drugs: _____

Do you use any of these substances to (check all that apply):

[ ] Manage Stress [ ] To Relax [ ] To Change Mood [ ] For Sleep

SECTION V: FAMILY SUPPORT & HISTORY

Have any members of your family had significant problems with:

Issue	Relationship to You	Deceased (Y/N)
Alcohol/Drugs		
Depression		
Anxiety		
Mental Illness		
Physical Illness		

Who do you rely on for emotional support? _____ Relationship: _____

SECTION VI: ADDITIONAL INFORMATION

Please tell us anything else we should know to give you the best care:

_____

_____

_____

_____

_____

ReGenesis Counseling Services
Sliding Fee Scale

ReGenesis Counseling is committed to affordable counseling. Thanks to the generosity of our partners and individual supporters, we are able to offer the sliding donation scale based on gross annual family income.

Our current donation scale is as follows:

Total Gross Annual Family Income	Per Session
$29,999.99 and below	$65.00
$30,000.00 – $39,999.99	$75.00
$40,000.00 – $49,999.99	$85.00
$50,000.00 – $59,999.99	$95.00
$60,000.00 - $79,999.99	$105.00
$80,000.00 - $99,999.99	$120.00
$100,000.00 - $119,999.99	$135.00
$120,000.00 - $139,999.99	$150.00
$140,000.00 and above	$165.00

Name 1: _____ Agreed Fee per Session: _____

Name 2 (Spouse/Other party): _____

I have received a copy of this schedule and agree to the financial terms stated above.

Signature of Client(s): _____ Date: _____

Signature of Additional Client: _____ Date:_____

Additional Financial Assistance:
We believe people should not be turned away from care simply because life has become financially heavy. If you are walking through a difficult season and cannot afford the full suggested fee, please reach out.
As long as we have available counseling slots, we will do our best to help explore options such as scholarship assistance, or other financial arrangements.
Because these resources are limited, we ask each person to approach this process honestly so support can remain available for those who truly need it.

If you would like more information on additional financial help please check here [ ]

If you would like to help support scholarship care for others, an optional Scholarship & Care Fund Contribution page is included with this packet.

Optional Scholarship & Care Fund Contribution

At ReGenesis Counseling, we believe care should be as accessible as possible. Many of the individuals and families we serve are walking through seasons of deep need, including financial hardship. Because of that, we do our best, when openings and resources are available, to offer reduced-fee arrangements, scholarship support, and other pathways to care.

This is made possible in part through the generosity of those who choose to give beyond their own session contribution.

This page is entirely optional.

Your care is not dependent upon making a donation, and choosing not to give will not affect the quality of care you receive in any way.

For those who are able and would like to help, gifts to the ReGenesis Scholarship & Care Fund help extend counseling support to individuals, couples, and families who may not otherwise be able to receive care.

I Would Like to Give

Please check any that apply:

[ ] I would like to make a **one-time gift** in the amount of $_____

[ ] I would like to add an **optional gift to my session contribution** in the amount of $_____ per session

[ ] I would like information about making **future or recurring gifts**

You May Also Give Your Gift

[ ] In honor of: _____

[ ] In memory of: _____

Optional note: _____

_____

Thank You for Your Generosity.

Your gift helps extend counseling support to individuals, couples, and families who may not otherwise be able to receive care. We are deeply grateful for your kindness and support.