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THRIVING THROUGH DIFFICULT TIMES

# General Intake Form

Your answers to the following questions will be helpful in getting to know you and in developing a plan of action for you. All information is confidential, per the standards outlined in the Terms of Service. Please complete, sign and return via email: mailto:michele@paxways.org.

~

Name: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____ Preferred contact method: _____

Age: _____ Date of birth: _____ Gender: Female ☐ Male ☐

Highest degree of education completed: _____

Do you have children? Yes ☐ No ☐ If so, please list below.

Name _____ Age _____ Sex _____ Custody _____

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Emergency Contact: _____ Phone _____ Relationship _____

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RELATIONSHIP STATUS:

- ☐ Married
- ☐ Separated
- ☐ Widowed
- ☐ Divorced
- ☐ Dating
- ☐ Cohabitating
- ☐ Living together
- ☐ Living apart
- ☐ Other

Length of time in current relationship: _____

EMPLOYMENT STATUS:

- ☐ Full-time
- ☐ Part-time
- ☐ Homemaker
- ☐ Unemployed
- ☐ Full-time student
- ☐ Part-time student
- ☐ Retired
- ☐ Other

GENERAL STATE OF HEALTH AND WELLNESS

How would you describe your overall physical health? _____

What kinds of exercise do you do? _____

Are you on any medications? If so, describe. _____

_____

How would you describe your overall mental health? _____

_____

Have you ever seen a therapist? If so, for what? _____

_____

Have you ever been diagnosed with a recurrent or chronic medical condition or psychological affliction? _____

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Do you smoke? _____ Do you drink alcohol? _____ Do you use drugs? _____

If so, how much? _____

Are you a member of a religious or spiritual community? If so, please describe. _____

_____

How important is this in your life? _____

What is the challenge or concern that motivated you to make this appointment: _____

_____

_____

## Challenge Assessment

As you think about the issue or problem that brought you here, how would you rate its frequency and your overall level of concern at this point in time:

FREQUENCY

- ☐ Occurs rarely
- ☐ Occurs sometimes
- ☐ Occurs frequently
- ☐ Occurs nearly always

LEVEL OF CONCERN

- ☐ Little concern
- ☐ Moderate concern
- ☐ Serious concern
- ☐ Very serious concern

How long has the issue or problem been going on? _____

_____

_____

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What do you hope to accomplish through counseling/coaching/advising/mediation? _____

_____

_____

What if anything have you done to address the issue or problem? _____

_____

_____

What specific things do you want to see changed in your life?

_____

_____

What are your greatest strengths?

_____

_____

Circle the number that best corresponds with your **current** level of happiness.

1 2 3 4 5 6 7 8 9 10

(extremely unhappy) (extremely happy)

Now, circle the number that best corresponds with your level of happiness **prior to this issue or concern**.

1 2 3 4 5 6 7 8 9 10

(extremely unhappy) (extremely happy)

To what degree do you have family, friends, or a partner that support you?

1 2 3 4 5 6 7 8 9 10

(very little support) (very much support)

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Please list any additional comments or information you feel is important about you or your situation:

_____

_____

_____

# Self Assessment

Circle any of the following words that seem to describe you presently:

| | | |
|---|---|---|
| Energetic | Tired or exhausted | Confined |
| Self-Confident | Lonely | Dependent |
| Persistent | Moody | Scared |
| Ambitious | Introverted | Hopeful |
| Hard-Working | Confused | Trusting |
| Nervous | Irritable | Settled |
| Impatient | Angry | Sacrificing |
| Impulsive | Easy-Going | Want more |
| Down or Blue | Suicidal ideas | Open |
| Self-doubt | Submissive | Sleepy |
| Excitable | Quiet | Mindful |
| No appetite | Sad | Can't make decisions |
| Calm | Guilty | Rational |
| Serious | Lost | Tense |
| Can't sleep | Self-Conscious | Clarity of thought |
| Over-eating | Shy | Focused |

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Circle which areas of life are most challenging you now:

| | | |
|---|---|---|
| Relationships | Job, career, vocation | Health or well-being |
| Happiness and joy | Values | Finding hope |
| Fulfillment | Lifestyle | Trust |
| Parenting or children | Managing time | Life's mysteries |
| Beliefs | Home life | Finances |
| Identity | Marriage or partnership | Death and dying |
| Mortality or aging | Building community | Responsibility |
| Self-awareness | Worldview | Sleep |
| Self-esteem | Family | Trauma |
| Change or transition | Dealing with conflict | Making decisions |
| Love | Managing emotions | Marriage preparation |
| Grief or sorrow | Guilt | Self-discipline |
| Quality of life | Loss | Pets |
| Sex or intimacy | Self-Health | Setting or achieving |
| Fear | Ego | goals |
| Finding meaning | Prioritizing | |
| Friendship | Finding inspiration | |

Other:

_____

Please note: while we may discuss these issues in our sessions, this document is private and confidential; it **will not** be shown to anyone, including anyone involved in group work.

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# Terms of Service Agreement

***Professional Disclosure and Informed Consent***

This document is to help clarify important aspects of our engagement and to represent an agreement between us. Your signature at the end of this document indicates your agreement with these policies.

***Confidentiality***

Confidentiality is an essential part of any professional relationship as it involves the sharing of sensitive personal or proprietary information. All aspects of your participation in our engagement, including the scheduling of appointments, content of counseling, mediation, or coaching sessions, and any records we keep, are confidential as outlined by federal and state law. Communication between conflict/wellness professionals and a client may only be disclosed when: (a) the client signs a Consent Form and/or our release of information form authorizing such disclosure, or (b) in cases of immediate danger of serious harm to the client or someone else. We encourage you to address any questions or concerns about this important issue up front or at anytime throughout the process.

***Engagement***

I understand that my participation in counseling, coaching, advising, or mediation is completely voluntary, and that I may terminate the engagement at any time per the agreed service and corresponding financial obligation. The goals of my engagement have been agreed upon with my provider. I understand that I may negotiate changes in these goals at any time. There are possible advantages and disadvantages of participating in Paxways' services or programs and a positive outcome is not guaranteed. During the process of our engagement you could face and work through difficult emotions, fears, or experiences. Likewise, it might have unanticipated relationship consequences. For instance, some partaking in our services may find insight and growth through the process, sometimes to the point of a relationship ending.

Our services may occur in an outdoor setting, as appropriate. A dog may be on the premises. In the unlikely event that the animal may cause damage or personal harm, your counselor, coach, or mediator and Paxwyas will not be held liable.

***Disclaimer***

The PAX Institute is committed to helping individuals, couples, families, and communities transform destructive conflict or painful adversity into opportunities for peaceful change and

personal empowerment. Clients look to us not for a medical or psychological diagnosis, but rather to help them navigate the natural dynamics and the fundamental concerns, challenges and desires of everyday life which all too easily cause tension and conflict. We concentrate on emotional wellness, healthy relationships, resilience, and sustainable peace.

Conflict counseling, resilience coaching, ethics advising and emotional-laden decision making, and mediation are not the practice of law, medicine, psychiatry, or psychotherapy. We recommend that clients or users of our services in all instances consult with their attorneys for legal advice, accountants for financial advice, physicians for medical advice, and psychiatrists or clinical psychologists for mental disorders. We are not responsible for any damages or consequences that may result from any reliance by clients or users of our website on the materials located on the website or our practices.

We do not serve as attorneys for the parties in a mediation or other dispute resolution practices. We do not serve as physicians, psychiatrists, clinical psychologists, or psychotherapists.

***After Hours Availability***

Please direct all non-emergency calls to Paxways' voice mail at 510.354.4857 during the week and after hours. Leave messages about cancellations, requests for services, etc.

During work or after hours, if you have a life-threatening situation, call 911. If someone is not immediately available to respond to an emergency, call the community services in your area.

***Agreements of Financial Responsibility for Clients***

Paxways requires services to be paid in full by cash, credit/debit card, Venmo, or PayPal at the time of service. Our fees are based at an hourly rate. Paxways does not bill insurance; however, some companies authorize reimbursements for out-of-network wellness providers, employee assistance programs, and self-insured corporations/organizations. We are happy to provide statements that you may submit to your insurance.

I understand that a full 24 hours notice is required for cancellation or rescheduling of appointments. I understand that my full session fee will be charged directly to me for missed appointments for which I have not given a full 24-hour notification. I understand that this fee must be paid by me. If there is a natural disaster, personal emergency, or weather would not permit safe transportation to the appointment, this fee will be waived.

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***Questions or Complaints***

If you have any questions about this notice, disagree with a decision Michele DeMarco makes about access to your records, or have other concerns about your privacy rights, please discuss them immediately and directly with Michele. We will make every reasonable effort to resolve disputes or conflicts in a satisfactory manner.

***Service Release***

I freely choose to engage Michele DeMarco, MTS, MSC, PCCT, REV. through Paxways with the knowledge of the conditions stated in this intake form.

I agree to hold Michele DeMarco and Paxways harmless and free of liability for abandonment or malpractice if she is not available to me during any circumstances, including the previously mentioned circumstances.

I understand our sessions are for the purpose of conflict resolution/transformation, relational health, emotional wellness, problem-solving, action-planning, resilience building, personal development, spiritual growth, peace, and/or any other as identified between me and Michele DeMarco. These sessions are not intended to be used for litigation purposes. I agree not to request Michele DeMarco release any information, and I agree not to call her to serve as a witness in any litigation I am currently involved in, or any litigation I become involved in unless prior agreement is made with Michele DeMarco.

I have read this consent and release; I understand the meaning and its contents and I sign it voluntarily.

Signature_____ Date _____