

Care Ministry Intake Form

This form is confidential. Return completed form to the Counseling Intake Coordinator, via email (care@capitalpres.org) or to the church office.

Name Gender M Phone (home) Email	F 🗍	Date of Birt Phone (cell		
Where do you wish	to be reached?	email 🗌	phone	text_
Can we leave a mes	ssage? Yes 🔲 No 🗖			
Current Marital Sta	tus			
Single Eng	gaged 🔲 Married 🔲			
Separated <a> 	Divorced Wido	wed 🔲		
Are you a member o	or regular attender of this chui	···· —	es - a member es - a regular a	_
If not, where do you **Priority will be given to	attend? members and regular attenders see	king care**		
Reasons for Seeking What concerns have	ng Help e led you to pursue care?			
Where are your cor Home⊡	ncerns causing the most prob Work Marria		r	r): God⊡
When did your prese	ent concern begin to be a pro	blem for you?		
Please rate the seve	erity of your present concerns	on the following so	ale (check one	e):
Mild	Moderate	Severe	Totally 🔲	

Below are some examples of concerns that we can help you address. Using the following number scale, mark the appropriate number next to the concerns that you have. You only need to mark the items where you have a concern. You may leave items with a score of zero blank.

0	1	2	3	4	5	6	7	8	9	10	
Not Concerned			M	Moderate Concern			Very Concerned				
								0.			
	Assertiveness			Finar	Financial Problems				Stress		
	Spiritual concerns			Perfe	Perfectionism				Feeling Helpless		
	Traumatic Experience			Gend	Gender Issues				Trust		
	Anxiety			Shor	Short term illness			Long term illness			
	Nervousness			Work	Work				Identity		
	Motivation			Guilt	Guilt				Grief		
	Time Management			Divo	Divorce				Job Loss		
	Leadershi	р		Depr	ession			Self-Estee	em		
	Eating Pa	tterns		Sexu	ıal Concerı	ns		Procrastin	ation		
	End of Re	lationship		Spou	ıse/partner	r		Fear			
	Anger			Alcoh	nol/Drug us	se		Thoughts	of Suicide)	
	Parenting			Self (Self Control				Unhappiness		
	Decision Making			Child	Children				Parents		
	Lonelines	s		Chal situa	lenging ca tion	retaking		Other:			

I understand that any information listed will be discussed with the counseling coordinators and

Date

Have you had counseling before? If so, briefly explain:

the Director of Care to determine the best level of care.

Signature