



## Care Ministry Intake Form

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

### Name

Gender      M     F

Date of Birth

Phone (home)

Phone (cell)

Email

Where do you wish to be reached?      email     phone     text

Can we leave a message?    Yes     No

### Current Marital Status

Single       Engaged       Married

Separated       Divorced       Widowed

Are you a member or regular attender of this church?    No     Yes - a member   
Yes - a regular attender

If not, where do you attend?

*\*\*Priority will be given to members and regular attenders seeking care\*\**

### Reasons for Seeking Help

What concerns have led you to pursue care?

Where are your concerns causing the most problems for you? (check all that apply):

Home       Work       Marriage       Other       God   
relationships

When did your present concern begin to be a problem for you?

Please rate the severity of your present concerns on the following scale (check one):

Mild       Moderate       Severe       Totally   
incapacitating

*continued on other side...*

