

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 B Phone (co	
Where do you wis	h to be reached?	email _	phone text
Can we leave a m	essage? Yes 🗆	No 🗆	
Current Marital S	tatus		
Single E	ngaged 🔲 Married		
Separated <a> 	Divorced 🔲	Widowed 🔲	
Are you a membe	r or regular attender of		Yes - a member □ Yes - a regular attender □
If not, where do yo	u attend? to members and regular atte	enders seeking care**	
Reasons for Seel What concerns ha	king Help ve led you to pursue c	are?	
Where are your c Home⊡	oncerns causing the m Work⊡	5 —	eck all that apply): ner⊡ God⊡ onships
When did your pre	esent concern begin to	be a problem for you?	
Please rate the se	verity of your present of	concerns on the following	scale (check one):
Mild	Moderate□	Severe	Totally incapacitating

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			М	Moderate Concern			Very Concerned						
					<u></u> .				Otanan				
	Assertiveness				Finar	Financial Problems				Stress			
	Spiritual concerns				Perfe	Perfectionism				Feeling Helpless			
	Traumatic Experience				Geno	Gender Issues				Trust			
	Anxiety				Short	Short term illness				Long term illness			
	Nervousness			Work	Work				Identity				
	Motivation			Guilt	Guilt				Grief				
	Time Management			Divor	Divorce				Job Loss				
	Leadership			Depr	Depression				Self-Esteem				
	Eating Patterns			Sexu	Sexual Concerns				Procrastination				
	End of	Rela	tionship		Spou	ıse/partner	•		Fear				
	Anger				Alcoh	nol/Drug us	se		Thoughts	of Suicio	de		
	Parent	ing			Self (Control			Unhappin	ess			
	Decisio	on Ma	aking		Child	lren			Parents				
	Lonelin	iess			Chall situa	lenging ca tion	retaking		Other:				

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

I understand that any information listed will be discussed with the counseling coordinators and the Director of Care to determine the best level of care.

Signature Date