



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 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...

