

Chapel Hill Church Counseling Intake Form

The following information will be confidential and viewed only with the counselor who will be working with you. Your name will not be used beyond the counseling relationship except in exceptional circumstances (see participant consent form). Respecting your privacy is one of our highest priorities.

Your Name: _____ Age: _____

Email address: _____

Mailing / Home address:

City: _____ State: _____ Zip Code: _____

Phone: _____ is it okay to leave a message: YES / NO

Marital Status: Married Single Separated Divorced

Spouse's Name: _____

Children's Name(s) and ages if any:

Member of Chapel Hill/Attend Chapel Hill /Other: _____

Please respond to the following questions.

1. How did you hear about this ministry?

2. What are you seeking help for?

3. When did you first notice this concern?

4. Have you had counseling before? YES / NO

5. If so, when and where?

6. What were the results of that counseling?

7. What medications are you taking if any, please list:

8. What would you like to gain as a result of counseling?

9. Please list a few of your strengths.

10. Please circle and/or list those resources and/or people who support you.

Spouse / Parent(s) / Friend(s) / Employer / Doctor / Other adult

Pastor(s) / Recovery Group / Other (please list below): _____
