

# Chapel Hill Church Counseling Intake Form

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing / Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Okay to leave a message?  YES  NO

Marital Status:  Married  Single  Separated  Divorced

Spouse's Name: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Do you have medical insurance for counseling?  YES  NO

If yes, what insurance do you have? \_\_\_\_\_

Are you a:  Member of Chapel Hill  Attend Chapel Hill  Other

## 1. How did you hear about this ministry?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Describe the concern for which you are seeking help:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. When did you first notice this concern?

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

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5. Have you had counseling before?  YES  NO

If yes, please provide details (when, where, with whom, and outcome of treatment, etc.):

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6. Have you been diagnosed with any mental health disorders?  YES  NO

If yes, please provide details (when, course of treatment, etc.):

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7. Been hospitalized to treat a mental health condition?  YES  NO

If yes, please provide details (when, for how long, outcome of treatment, etc.):

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8. Are you currently taking any medications?  YES  NO

If yes, please list below:

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

Spouse    Parent(s)    Friend(s)    Employer

Doctor    Pastor(s)    Recovery Group

Other (please list below):

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The information I've stated within this document is true and correct to the best of my knowledge. This information will be reviewed by my counselor and the director of the lay counseling program to better serve my counseling needs.

Furthermore, I understand that whatever I say in a counseling session is strictly confidential and will not be released to anyone without my consent **unless** I violated codes of abuse, or plan to harm to myself or others, as outlined in the informed consent document.

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Counselee signature

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Date