

# FAITH AND HOPE CARE CENTER INITIAL INTAKE

## General Information

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Date \_\_\_\_\_ Sex **M** **F** Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Marital Status \_\_\_\_\_ Number of Children and Ages \_\_\_\_\_  
Religion \_\_\_\_\_  
Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
May we leave a message? **Yes** **No** **Yes** **No** **Yes** **No**  
Who referred you / how did you learn about Faith and Hope Care Center?  
  
Person \_\_\_\_\_ Organization \_\_\_\_\_

## Reasons for Coming

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Please describe the most important concerns you want to talk to a counselor about (use the back if necessary):

What specifically do you think Faith and Hope Care Ministers will be able to do for you?

What are your two most important goals?

- 1.
- 2.

## Medical History

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Please list the medications (prescribed and over the counter) you take regularly, and the purpose (use back if necessary).

Medication - Purpose

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

Are you currently receiving counseling or ministry \_\_\_\_\_

Name of Counselor or Minister \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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## Fee and Appointment Information

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Faith and Hope Care Center is an affordable service. A reserved hour for an appointment represents a desirable amount of time to those seeking ministry. Any missed appointment without 24 hours notice will result in that ministry hour being forfeit for use by some other person; and there is a value to that time and the missed opportunity for someone else to seek Faith and Hope Care Center services.

Because of this, if a confirmed appointment is missed without 24 hours notice, the fee is expected for that missed appointment prior to the next session.

All fees are accepted prior to, or at time of, the ministry session.

I \_\_\_\_\_ understand the above and agree to the expected fee per ministry hour.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Fee Schedule by Ministry/Service:

Marriage Counseling    \$40 per hour/ \$25 per hour for Faith Outreach Center (FOC) tithing members  
Personal Counseling    \$40 per hour / \$25 per hour for Faith Outreach Center(FOC) tithing members  
Restoring the Foundations Inner Healing    \$65 per hour / consideration given for FOC tithing members  
Anothen Life Ministries related services    \$65 per hour / consideration given for FOC tithing members

### For Office Use

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Service requested: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date of first appointment: \_\_\_\_\_