



Pastoral Care Intake & Assessment Form

This form helps the church understand what brings a person to pastoral care, identify the Care Pathways involved, recognize immediate concerns, and understand existing support. The information may be provided by the person requesting care or gathered with the assistance of a pastoral-care team member.

1

About You

Name

Phone

Preferred contact method

Email

Phone

Email

Other

Connection to church:

- Member

Community member
- Regular attendee

Other
- Visitor

Who is care being requested for:

- Self
- Child/dependent
- Family
- Someone else

2 What Brings You to Pastoral Care?

Select all that apply. More than one Care Pathway may apply.

Emotional Care

- | | |
|--------------------------------|---|
| Grief or loss | Feeling overwhelmed or emotionally distressed |
| Anxiety, fear, or worry | Sadness or depression |
| Trauma or difficult experience | Stress or major life change |
| Other emotional concern | |

Social Care

- | | |
|---|-------------------------------------|
| Feeling alone or isolated | Need for connection/community |
| Caregiver support | Lack of support from family/friends |
| Difficulty feeling connected or that I belong | Other social-support need |

Spiritual Care

- | | |
|--|---|
| Prayer | Spiritual guidance |
| Questions about faith or God | Difficulty with my faith |
| Spiritual distress | Painful or harmful religious experience |
| Help making sense of something spiritually | Other spiritual concern |

Relational Care

- | | |
|-----------------------------------|----------------------------|
| Marriage/partner relationship | Family conflict |
| Parenting | Separation/divorce |
| Friendship/interpersonal conflict | Conflict within the church |
| Other relationship concern | |

Practical Care

- | | |
|----------------------|--------------------|
| Food | Housing |
| Utilities | Transportation |
| Financial hardship | Employment |
| Healthcare/resources | Child/family needs |
| Other practical need | |



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3 Support You Already Have

Current support:

Pastor/church leader

Therapist/counselor

Psychiatrist/mental-health provider

Physician/healthcare provider

Social/community-service agency

Family/friends

None

Prefer not to say

Would you be open to additional support outside the church if appropriate?

Yes

Maybe

No

4 Immediate Needs

Select any concern that requires immediate attention.

I am in immediate danger

Someone else may be in danger

I do not currently have a safe place to stay

I do not have enough food/basic necessities

I am experiencing a mental-health or emotional crisis

None of these

If something serious is selected, the church's immediate-response protocol is triggered instead of ordinary processing.

5 Anything Else We Should Know?

Optional

Completed By: _____ Signature: _____ Date: _____