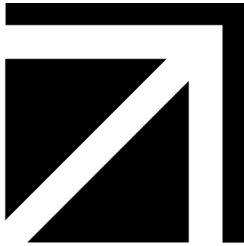


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Lifepoint Church Pastoral Counseling **INTAKE FORM**

Client Intake Form Pastoral Counseling:

Instructions for Completing and Mailing Intake Form

Please download, complete, and sign our intake form. Please mail in the entire intake form without removing any pages. When you mail your intake form, please mark the envelope as CONFIDENTIAL and mail to:

Lifepoint Church
Pastoral Counseling Ministry
4294 Hwy 51
Senatobia, MS 38668

After your intake form is received by mail, our office staff will begin the interview and/or placement process. You may be asked to come in for an intake interview to aid in placing you with the appropriate counselor in our ministry or to advise referral. Our office staff will contact you for scheduling or for an intake interview, which may take up to two weeks. If you are seeking couple or family counseling, each person seeking counsel must complete an intake form.

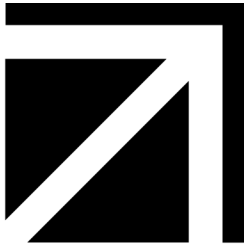
Personal Data Intake Form PASTORAL COUNSELING MINISTRY Lifepoint Church

Welcome to the Pastoral Counseling Ministry of Lifepoint Church, where we seek to offer Biblically based, Christ centered, pastoral/lay counseling, while addressing many common issues of life.

Our ministry team consists of staff counselors and volunteer lay counselors. Your counseling sessions may be provided by a lay counselor. Lay counselors work under the supervision of staff counselors. Staff counselors consist of ordained ministers with formal counseling training (pastoral counselors).

In this kind of discipleship process, the Holy Spirit, not the pastoral/lay counselor, is the

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Lifepoint Church Pastoral Counseling **INTAKE FORM**

agent of individual change-provided one cooperates with Him. Our goal is to present God's plan for personal change in the midst of ones circumstances by utilizing helping skills, prayer, Scripture, and spiritual/Biblical principles.

The lay-counselors do not possess professional licenses or certifications issued by the State of Mississippi for the practice of professional counseling, marriage and family therapy, or social work specialties; nor do they necessarily possess the required education, experience, or training for such licenses. Referral options to outside professional providers are available upon request and given when counseling issues are beyond the comfort and or ability level of Lifepoint Staff counselors.

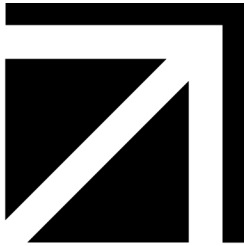
This ministry does not claim to meet any counseling requirements for court/probation/parole-mandated counseling. We do not render any financial, legal, or medical opinions and or advice.

Limitations of Confidentiality:

It is understood (and agreed) that all statements, whether written or verbal, with your pastoral/lay counselor are of a confidential nature and ethically cannot be disclosed, without written consent, with the following exceptions that will result in confidentiality being waived.

1. Suspicion of child/elder abuse- we reserve the right and/or may be mandated by law to report child abuse or suspicion of child/elder abuse of any type to the proper authorities and/or the right to cause a report of child/elder abuse to occur.
2. Threats of harm to self or others- we reserve the right and/or may be mandated by law to disclose the appropriate person, agency, or civil authorities any threats of harm that a person may attempt or desire to do to ones self or to others.
3. Necessity of supervision- to insure the highest quality counseling process, as a rule your pastoral/lay counselor will consult with their counseling supervisor regarding your sessions.
4. Necessity of consultation- we reserve the right to consult with other counseling professionals or appropriate church ministry staff members regarding your sessions. This consultation will be held in the same level of confidence as your sessions.

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Resolution of Disagreements: If a dispute should arise between the person receiving ministry and the pastoral/lay counselor (and/or the church) regarding the pastoral/lay counselor's advice or conduct, one should bring this dispute to the attention of the Lifepoint Staff Leadership. If the dispute cannot be resolved at this level, all parties agree to resolve such dispute by submitting to the Lifepoint Leadership team for full and final resolution and conciliation.

Waiver of Liability: In consideration for receiving any form of counseling from the Pastoral Counseling Ministry of Lifepoint Church, the person receiving the counseling agrees to release and waive any and all claims of any kind against the ministry, the staff, the pastoral/lay counselors, or the Church, which may arise from, result out of, or be related to, conduct or advice given.

Counseling Files: All counseling files and their contents belong to the Pastoral Counseling Ministry.

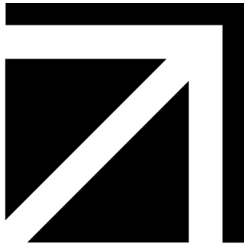
Donations to Ministry: This ministry is made possible by the tithes and offerings of the members of Lifepoint Church. If you are not a consistent contributor to Lifepoint Church, we ask you to help support this ministry, based upon your abilities, through donations while you are receiving counseling. Please make your checks payable to Lifepoint Church.

Availability: Our ministry carries an extensive waiting list. Members of Lifepoint Church will be given priority on our waiting list. We will gladly see non-members if our schedule allows. If our waiting list is prohibitive, we will offer outside referral options. Our ministry is available on an appointment basis.

Session Duration: Length of Counseling may extend up to twelve sessions. Extending beyond twelve sessions will require the counselor's recommendation and supervisor's approval. A typical session is one hour, which consists of 50 minutes in session and 10 minutes of paper work completion.

Cancellations or Reschedules: We carry an extensive waiting list, therefore, if you need to reschedule or cancel an appointment, we ask that you call at least 24 hours in advance. This allows us to reschedule others who are on our waiting list. Repeated

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failure to keep appointments (2 cancellations or no shows) or give proper notice of cancellation will result in termination of sessions.

Homework: Be advised that your counselor will likely assign homework. Homework is a vital part of the change process; therefore, completion of the homework assignments before your next session is expected. What is expected of you? It is our belief that change must begin with ourselves as we look to Christ for the power to change. Therefore, we ask you to approach the counseling process as an opportunity for personal change and spiritual growth. We ask that you refrain from the temptation of focusing on others, and instead we ask you to focus on what changes God desires to make in your life, in the midst of your circumstances.

I have carefully read this information sheet and agree to all of the stated terms and conditions. I also agree that all the information on my personal data form is true and complete to the best of my knowledge.

Name [printed]

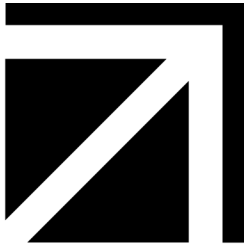
Signature

Date

Parent/Legal Guardian Signature
[if counselee is a minor]

Date

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Lifepoint Church Pastoral Counseling INTAKE FORM

PERSONAL INFORMATION

TODAY'S DATE: ___/___/___

YOUR NAME: _____

BIRTHDATE: ___/___/___ AGE: ___ GENDER: M F

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: H () ___ - ___ C () ___ - ___ W () ___ - ___

F () ___ - ___ EMAIL: _____

IN CASE OF CANCELLATION OR RESCHEDULE, MAY WE CONTACT YOU AT ANY OF THE ABOVE PHONE NUMBERS? Y N If no, please circle which numbers should not be called.

MARITAL STATUS: ___ Single ___ Engaged ___ Married, how long? ___

___ Separated, how long? ___ ___ Divorced, how long? ___

married: This is your ___ marriage. This is your spouse's ___ marriage.

FAMILY INFORMATION

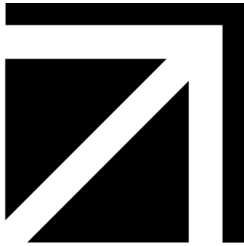
SPOUSE'S NAME: _____ BIRTHDATE ___/___/___

SPOUSE'S EDUCATION: _____ OCCUPATION: _____

Please list information for all children living in our home. Please indicate children from a previous marriage(s) with an *.

Name	Birthdate	Sex	Relationship	At Home?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Lifepoint Church Pastoral Counseling **INTAKE FORM**

COUNSELING HISTORY

HAVE YOU RECEIVED ANY PRIOR COUNSELING? ___ YES ___ NO

IF YES, WHEN: _____ WHERE: _____

WITH WHOM: _____

WHY: _____

ARE YOU OR ANY FAMILY MEMBER CURRENTLY SEEING A PSYCHIATRIST OR ANOTHER COUNSELOR? ___ NO ___ YES, WHICH ONE? _____

FOR WHAT PURPOSE? _____

COUNSELING NEEDS

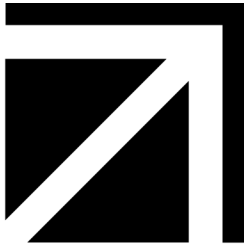
STATE THE NATURE OF THE PROBLEM IN YOUR OWN WORDS:

WHAT IS YOUR MOST DIFFICULT RELATIONSHIP RIGHT NOW?

WHAT IS YOUR MOST DIFFICULT EMOTION RIGHT NOW?

CRISIS INFORMATION: ANY CURRENT SUICIDAL THOUGHTS, FEELINGS OR ACTIONS?
___ NO ___ YES, PLEASE EXPLAIN: _____

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COUNSELING NEEDS

ANY CURRENT HOMICIDAL OR ASSAULTIVE THOUGHT OR FEELINGS, OR ANGER-CONTROL PROBLEMS?

NO YES, PLEASE EXPLAIN: _____

ANY PAST PROBLEMS, HOSPITALIZATIONS, OR JAILING FOR SUICIDAL OR ASSAULTIVE BEHAVIOR?

NO YES, PLEASE EXPLAIN: _____

ANY CURRENT THREATS OF SIGNIFICANT LOSS OR HARM (illness, divorce, custody, job loss, etc.)?

NO YES, PLEASE EXPLAIN: _____

MEDICAL INFORMATION

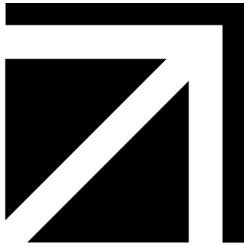
DOCTOR: NAME _____ PHONE # _____

ADDRESS: _____

MAY WE CONTACT THIS PROVIDER FOR ADDITIONAL INFORMATION? YES NO

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING AND YOUR PURPOSE FOR TAKING THEM:

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MEDICAL INFORMATION

ANY PROBLEMS WITH: EATING SLEEPING CHRONIC PAIN WEIGHT CHANGES
DESCRIBE ANY ANSWERS CHECKED ABOVE:

HAVE YOU OR A FAMILY MEMBER EVER BEEN HOSPITALIZED FOR MENTAL OR EMOTIONAL ILLNESS?

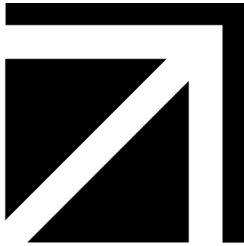
NO YES, PLEASE EXPLAIN AND INCLUDE DATES, WHERE, REASON: _____

COMMON PROBLEMS/SYMPTOMS CHECKLIST:

0 – NONE, 1 – MILD, 2 – MODERATE, 3 – SEVERE

- | | | |
|---------------------------------------------|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> God/Faith | <input type="checkbox"/> Family | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Other Addictions | <input type="checkbox"/> Intimacy | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Anger Control | <input type="checkbox"/> Despair |
| <input type="checkbox"/> Sexual Issues | <input type="checkbox"/> Aging/Dependency | <input type="checkbox"/> Guilt/Shame |
| <input type="checkbox"/> Codependency | <input type="checkbox"/> In-laws | <input type="checkbox"/> Thoughts of Suicide |
| <input type="checkbox"/> Fear/Anxiety | <input type="checkbox"/> Stress Control | <input type="checkbox"/> Withdrawing from others |
| <input type="checkbox"/> Money/Budgeting | <input type="checkbox"/> Alcohol/Drugs | <input type="checkbox"/> Parenting Struggles |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Child Custody | |
| <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Being Single | |
| <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Past Hurts | Other (please specify) |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Depression | _____ |
| <input type="checkbox"/> Pre-marital | <input type="checkbox"/> School/Learning | _____ |
| <input type="checkbox"/> Church Ministry | <input type="checkbox"/> Children | _____ |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Communication | _____ |
| <input type="checkbox"/> Work/Career | <input type="checkbox"/> Loneliness | _____ |

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GENERAL INFORMATION

WHO REFERRED YOU TO US? [NAME, RELATIONSHIP, PHONE NUMBER]

ARE YOU CURRENTLY INVOLVED IN OR ANTICIPATE BEING INVOLVED IN ANY LITIGATION OR LEGAL ACTION?

NO YES, PLEASE EXPLAIN: _____

WHAT CHURCH DO YOU CURRENTLY ATTEND? _____

ARE YOU A MEMBER? YES NO

DO YOU KNOW FOR CERTAIN THAT IF YOU WERE TO DIE TONIGHT THAT YOU WOULD GO TO HEAVEN? YES NO UNSURE

WOULD YOU LIKE TO DISCUSS THIS WITH YOUR COUNSELOR? YES NO

HAS THERE BEEN A TIME IN YOUR LIFE WHERE YOU HAVE REPENTED, RECEIVED FORGIVENESS OF SIN AND ACCEPTED JESUS CHRIST AS YOUR LORD AND SAVIOR?

YES NO UNSURE

WHEN DID YOU DO THIS? _____

HAVE YOU BEEN BAPTIZED? YES NO

HAVE THERE BEEN ANY RECENT CHANGES IN YOUR SPIRITUAL LIFE?

APPOINTMENT & SCHEDULING

Thank you for taking the time to fill out this information sheet. This will be reviewed and a staff person will contact you for appointment scheduling. Because the Pastoral Counseling Ministry of Lifepoint Church receives extremely high volumes of request, staff contact could be up to two weeks. When waiting is not an option, please contact a local Christian Counseling Service and/or Mental Healthcare professional.