



MARANATHA CHAPEL

Biblical Encouragement Intake Form

Date: _____

Name: _____ Age: _____

Address: _____

Phone: (home) _____ (cell) _____

E-mail address: _____

Check one: () Married () Separated () Widowed () Divorced () Single

Referred here by: _____

Name of Spouse: _____ Age: _____

Phone: _____ Occupation: _____

How long have you been married?: _____

Religious Background/Your present church: _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you consider yourself born again? Yes _____ No _____ Uncertain _____

Do you pray to God? Never _____ Occasionally _____ Often _____

Do you read the Bible? Never _____ Occasionally _____ Often _____

Do you have family devotions? Never _____ Occasionally _____ Often _____

Is there one problem that has motivated you to make this appointment?: _____

What are you expecting to receive from Biblical Encouragement?:

Describe your relationship with your father:

(i.e. How do you feel about your father? How did he treat your mother? Did he take responsibility for the family? Did your father protect you and provide for you?)

Describe your relationship with your mother:

(i.e. What is your mother like? How did she treat your father? How did she treat you? How do you resolve conflicts?)

Describe your relationship with yourself: What do you think of you?

(i.e. Can you set proper boundaries? Do you protect your time & space? Do you allow others to disrespect you i.e. boss, husband, kids, parents? Do you think you have to make everyone happy?)

Describe your relationship with God the Father:

(i.e. Do you have a relationship? How do you resolve disappointment with God? Can you talk to Him? Have you ever felt abandoned by Him?)

Describe your relationship with other people that might be significant to mention: i.e. with siblings, in-laws, co-workers, spouse, children, friends, etc.

Physical History/Current Condition:

Diagnosis	Onset Date	Symptoms	Medications

Have you ever had any therapy or other counseling before? Yes _____ No _____

Name	Dates (From/To)	Medications	Outcome/Diagnosis

Please check off any of the following general problem areas that are of concern:

- | | | |
|--|---|---|
| <input type="checkbox"/> Not resolving conflicts | <input type="checkbox"/> Lack of communication | <input type="checkbox"/> Struggling in Christian walk |
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Credit or debt problems | <input type="checkbox"/> Selfishness |
| <input type="checkbox"/> Boundary Issues | <input type="checkbox"/> Unrealistic Expectations | <input type="checkbox"/> Possessiveness/Jealousy |
| <input type="checkbox"/> Drug or Alcohol abuse | <input type="checkbox"/> Pornography | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Unforgiveness | <input type="checkbox"/> Anger | <input type="checkbox"/> Adultery |
| <input type="checkbox"/> Over-commitment | <input type="checkbox"/> Discouragement | <input type="checkbox"/> Bitterness/Resentment |
| <input type="checkbox"/> Rejection | <input type="checkbox"/> Fear/Anxiety | <input type="checkbox"/> Other: |

Further explanation (if necessary):

Major Traumas: _____

In order that we may best serve you, is there any other information that you would like to share?

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Biblical Encouragement Agreement

A Biblical Encourager is a non-professional person in whom the church has recognized the gift of helping people, has obtained a significant level of training, and receives ongoing supervision by the Director of Biblical Guidance. Since Biblical Encouragement is not the same as psychology or marriage, family and child counseling, we want to be certain that you understand and agree to our policies and procedures regarding the confidentiality of communications between you and your biblical encourager.

We believe that confidentiality and privileged communication are right of all people involved in biblical encouragement. It is our policy to keep confidential all communications during the session between the biblical encourager and disciplee (you). We are only obligated to break confidentiality when we believe you are capable of harming yourself or others; or when there is any reasonable suspicion of child, elder, or dependent adult abuse cases.

As a part of the biblical encouragement supervision, it may be necessary for your biblical encourager to reveal confidential information learned during the sessions with you. Any other participants in the supervision will be pastors or biblical encouragers associated with Maranatha Chapel Church, and will be bound by the same policies of confidentiality as your biblical encourager.

As a disciplee, I understand the following:

1. The number of sessions will be determined on an individual basis, and will be mutually decided upon between the biblical encourager and the disciplee.
2. The services you receive through this ministry are not designed to be ongoing over a long term period of time.
3. This ministry is designed to be in partnership with the Holy Spirit, bringing healing and growth. The ultimate goal is to help you connect more powerfully in your relationship with the Lord.
4. These sessions will require your participation. At times, homework may be assigned that will need to be completed before another session will be scheduled.
5. If there are significant mental health concerns, it is required that the disciplee also be under the care of a doctor and/or in treatment with a licensed mental health caregiver. The services you receive through the Biblical Encouragement Ministry are to be a supplement to your primary care.
6. The Biblical Encouragement Ministry is comprised of a team of individuals. As the Holy Spirit leads, there may be times when we determine it beneficial for you to meet with another member on the team.
7. If you must cancel an appointment, make every attempt to call the church office and give at least 24 hours prior notice.

Signed _____ Date: _____