

Welcome to LifePoint Church! We look forward to helping you with your problems using God's Word. In order to be as clear as possible about Soul Care and the administrative procedures used at LifePoint Church, please read the following information. For additional questions, please see our FAQ page at the end of this packet.

Priority of Soul Care

In order of priority we provide counseling to LifePoint members first, LifePoint attendees second and those from the community third.

Appointments

Appointments are made depending on the availability of our counselors. We may have a waiting list. Once we have received your paperwork, we will contact you to confirm that it has been received, then again when we have an appointment available. Those who are more flexible with their availability typically experience the shortest wait time.

Once you have been scheduled for an appointment, we request that you cancel appointments ***at least 24 hours prior to your appointment time***. Failure to do so could result in your case being inactivated.

I affirm the accuracy of the personal information contained in the following pages and have read all of the information in the intake form packet and agree to the conditions set forth therein. I hereby agree to the following conditions:

- 1) I am open to or committed to seeking a personal, lovingly obedient relationship with Jesus Christ and to pursuing a transformed life that reflects God's grace as revealed in His Word.
- 2) I will fulfill the weekly assignments or my sessions may be terminated.
- 3) I will consistently attend LifePoint Church (or in some exceptions another Bible-believing church) each week while I am in Soul Care.
- 4) I will keep the appointment time or will call to cancel 24 hours in advance.
- 5) If you have a dispute with your counselor, the procedure for addressing the concern(s) are as follows:
First, speaking truth in love, go to the counselor, as Scripture requires. If reconciliation cannot be accomplished, contact Pastor Tony in writing (email or other), explaining your concern. He, in turn, will contact you regarding your dispute at his earliest convenience. Finally, if necessary, the elders will meet with you and your counselor provided the above is pursued.
- 6) I agree to hold any counselor from LifePoint Church harmless from any advice, counsel, or suggestions rendered during our counseling sessions. I recognize that their role is to assist me in hearing and understanding God's will in the matters we discuss. We will not, therefore, sue or engage in any type of litigation negatively affecting them or LifePoint Church.

Release Form

Having clearly stated the principles and policies of our Soul Care ministry, we welcome the opportunity to minister to you in the name of the *Lord Jesus Christ* and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have questions about these guidelines, please talk with Pastor Tony, Debbie Oakley or your counselor. If these guidelines are acceptable to you, please sign below.

I have read and understood the policies stated above, and consent to abide by them.

Print Your Name

Signature

Date

Parent or Guardian signature is required below if counselee is under the age of 18.

I understand that my child may wish to speak with a Soul Care team member without my being present. I also understand that the Soul Care team member who meets with my child will always be accompanied by another member of the Soul Care team or another adult member of LifePoint Church.

For the purpose of Soul Care:

_____ My child (if he/she chooses) **may meet with** Soul Care team members and other adult members of the church when I am not present.

_____ My child **shall not meet with** Soul Care team members and other adult members of the church when I am not present.

Parent/Guardian Name

Parent/Guardian Signature

Date

LifePoint Church *SoulCare* Intake Form

Personal Information

Full Name _____
Last _____ *First* _____ *M.I.* _____

Address _____
Street Address _____ *Apt. #* _____

_____ *City* _____ *Zip Code* _____

Home Phone () _____ Cell Phone () _____

Gender *Male* *Female* Birthdate ____ / ____ / ____ E-mail _____
mm / dd / yy

Marital Status *Single* *Engaged* *Married* *Separated* *Divorced* *Widowed* Military _____
(branch)

Occupation _____ Education _____
(High School, College, Grad School, Post Grad)

Referred By _____

Background Information

Please answer each of the following questions. You will have an opportunity to provide more detailed information during your first session with your counselor.

Please briefly describe the problem.

What have you done about it?

What are your expectations in coming here?

As you see yourself, what kind of person are you? Please describe yourself.

Information About Spiritual Life

Denominational Preference _____ Church Name _____

Church Address _____
Street Address *City* *Zip Code*

Pastor's Name _____ Does your pastor know you are coming here for counseling?
Yes *No* *Please Initial*

Frequency of Attendance _____ Are you a member? If so, how long? _____
(times per month) *Yes* *No*

Spouse's Church Attendance _____ Spouse's Religious Background _____
(if applicable) *(times per month)*

What are you learning through the sermons/bible studies/messages at your church?

Please list ministry involvement. _____

Have you been baptized? If yes, when? _____ How often do you pray? _____
Yes *No*

If you pray, what do you pray about?

If God asked you, "Why should I allow you into my heaven?", how would you respond?

Have you received Christ personally as your Lord and Savior?
Yes *When?* _____ *No* *Uncertain* *Don't understand*

If yes, please answer the next two questions:

1. How do you know that Jesus Christ is your Lord and Savior?
2. What changes took place in your life when you became a believer?

How many times did you read your Bible last week? _____ How about the week before? _____

Describe your personal devotions.

Prior Counseling

Have you had counseling before? **If yes, please fill out information below.**
Yes No

Counselor's Name(s)	Dates (From - To)	Medication Prescribed	Outcome/Diagnosis

Do we have your consent to contact your counselor(s)? **If yes, please initial here:** _____
Yes No

Personal Habits and Health

How many hours of sleep do you get each night? _____ When do you: Go to Bed Fall Asleep Wake Up Get Out Of Bed

Describe any recent changes in sleep habits. _____

State of health: *Very Good* *Good* *Average* *Declining* *Other* Date of last medical examination _____
mm/dd/yyyy

Results: _____

Physician's Name _____ Address _____
Street City Zip Code

Are you taking any medications? *Yes* *No* If yes, please complete chart below.

Medication	Reason for Taking	Length of Time

Have you ever used drugs other than for medicinal purposes? *Yes* *No* If yes, what? _____

Do you ever drink alcoholic beverages? *Yes* *No* How much? _____ How often? _____

Have you ever been arrested? *Yes* *No* What was the outcome? _____

Consent for release of medical records (please sign here) _____

Marriage and Family

Spouse's Name _____ Age _____

Occupation _____ Education _____
(High School, College, Grad School, Post Grad)

Religion _____ Date of Marriage _____
mm/dd/yyyy

Your ages when married: _____ *Husband* _____ *Wife* How long did you know your spouse before marriage? _____

Length of steady dating with spouse _____ Length of engagement _____

Have you been married before? *Yes* *No* If yes, how many times? _____

If you were married before, what caused the end of the marriage? _____

Has your spouse been married before? If yes, how many times? _____
Yes No

If your spouse was married before, what caused the end of the marriage? _____

Are you currently separated from your spouse? If yes, since when? _____
Yes No

Have you ever been separated in your current marriage? If yes, how many times? _____
Yes No

Have either of you ever filed for divorce? If yes, when? _____ Who filed? _____
Yes No

Is your spouse willing to come to counseling with you?
Yes No Uncertain Haven't asked

Children's Names	Previous Marriage?	Age	Gender	Living (yes or no)
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Were you raised by anyone other than your parents? If yes, please briefly explain below.
Yes No

Frequently Asked Questions

What is biblical Soul Care?

Biblical Soul Care involves understanding the problems of living in a fallen world – and their solutions – from a biblical perspective. The Bible is used both to define the problems and to develop methods for solving these problems. The counselors at LifePoint Church have received formal training in biblical Soul Care. They are not licensed psychologists, but rather biblical counselors.

Are Soul Care sessions kept confidential?

The Bible clearly states that gossip is sin. Therefore, the counselors at LifePoint Church will not release information about particular counselees except in the few situations required by the Bible or the laws of our state. Those situations are: 1) when someone is in danger of being harmed, 2) when a child is physically or sexually abused or 3) when someone persistently refuses to stop a sinful pattern, and it is necessary to seek assistance from his/her church to encourage proper change (see Matthew 18:15-20 and Romans 13:1-7).

Where are you located?

We are located at 8540 Combs Road Indianapolis IN 46237. When you arrive, enter the building on the southside. There is a sidewalk leading to the church offices door. Ring the door bell; someone will get the door or buzz you in.

What do I bring

Please bring your Bible, a notebook, and something with which to write. Be sure to bring completed homework to each session.

How do I submit my paperwork?

Please submit this paperwork to Debbie Oakley who will assign you to a biblical counselor. Her email is doakley@lifepointindy.com. Debbie's phone number is 317-372-7263.

Why are there so many questions?

Those in the Soul Care ministry spend a lot of time praying and preparing for your session before they even meet with you the first time. The more information they have up front, the better they are able to prepare for your first session, and bring materials that would be beneficial to dealing with your situation. (see Proverbs 18:13)

How can I contact you

*Phone: Debbie Oakley at 317-372-7263. LifePoint Church 317-881-4010 Email: Debbie above address.
Address: LifePoint Church, 8540 Combs Road, Indianapolis, IN 46237
Website: www.lifepointindy.com*