

## Care & Discipleship Ministry Agreement

Dear Friend,

Welcome to the Care & Discipleship Ministry of Trinity Point Church! We are grateful that you are welcoming us into your life at this time. It is never easy to ask for help. We admire the courage, faith, and humility this first step represents on your part. It is our prayer that God will bless this step and use our time together to build more hope and direction in your life.

**Our goal** in the Care & Discipleship ministry is to make the gospel paramount by connecting our members and our community to the life-transforming power of Jesus Christ. We are confident that through the Scriptures and the power of the Holy Spirit, God has given us everything we need for life and godliness (2 Peter 1:3-4). It is our joy to help real people, with real problems using the Bible.

**Our vision** for soul care is larger than a few one-on-one meetings with a biblical counselor. Rarely does lasting change happen in isolation. As a part of your journey, we will likely encourage you to be involved in the life of the church in a variety of ways as we walk together. Our approach to soul care focuses upon helping you identify how your beliefs, values, and desires (Proverbs 4:23, Matthew 6:21, Luke 6:45) express themselves in your emotions, relationships, decision making, and identity.

**Our commitment** as a church is to offer soul care services to church members and those in the local community of faith. This is made possible by the redemptive power of Jesus Christ, the conviction and guidance of the Holy Spirit, and the instruction of God’s Word. Your counseling will be biblical, in which the Scriptures are held as the final authority in all matters. If you are not sure that you will be interested in biblical counseling, you will have the option of attending one or two sessions to discover how biblical counseling may help you.

The next step in the counseling process is to complete the intake forms you are now reading. We have designed them to allow the counseling process to start smoothly and to allow us to connect you with the resources that fit your needs. The counseling forms are designed to (1) help us get to know you in a comprehensive, holistic, and efficient manner and (2) help you organize your thoughts about your counseling objectives. **Please allow 30 minutes to complete these forms.**

We ask that you complete these forms and submit them to the Trinity Point Church Care & Discipleship Ministry. We will carefully review your forms and then contact you with a recommended counselor and potentially a list of other ministry services that would benefit you at this time. Please indicate when you are available for appointments. Please note, the narrower your availability, the longer you may have to wait to receive Care & Discipleship services from our team. We do not offer weekend appointments.

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/> 9-11am	<input type="checkbox"/> 9-11am	<input type="checkbox"/> 9-11am	<input type="checkbox"/> 9-11am	<input type="checkbox"/> 9-11am
Times of Day	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 11am-2pm	<input type="checkbox"/> 11am-2pm
	<input type="checkbox"/> 2-4pm	<input type="checkbox"/> 2-4pm	<input type="checkbox"/> 2-4pm	<input type="checkbox"/> 2-4pm	<input type="checkbox"/> 2-4pm
Other:	_____	_____	_____	_____	_____

Counseling sessions typically last an hour. Childcare is not provided. Please arrange to be on time to maximize your benefit from counseling. We are grateful to be able to serve you and look forward to walking with you through God’s agenda for your life.

*Tracy Turner, Lead Pastor*  
 Trinity Point Church

## CARE & DISCIPLESHIP INTAKE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ May we leave a message here? Y N

Secondary Phone Number: \_\_\_\_\_ May we leave a message here? Y N

Occupation/Employer: \_\_\_\_\_ Avg. Hours/Week: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

Highest Degree(s) Earned: \_\_\_\_\_ School: \_\_\_\_\_

How did you hear about TPC's Care & Discipleship ministry? \_\_\_\_\_

### With Whom Do You Currently Live: (Please check all that apply)

Alone  Parent(s)  Spouse  Children  Boyfriend  Girlfriend  Other:

### Marriage & Family Information: (Please complete if you are currently dating or engaged)

Name of Spouse: \_\_\_\_\_ Your Spouse's Age: \_\_\_\_\_

Address: ( same as above)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Avg. Hours/Week: \_\_\_\_\_

Highest Degree(s) Earned: \_\_\_\_\_ School: \_\_\_\_\_

Is spouse willing to participate in counseling, if recommended?  Yes  No  Uncertain

Have you ever been separated?  Yes  No  Currently When/How long: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Your ages when married: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating: \_\_\_\_\_ Length of engagement: \_\_\_\_\_

Give brief information about any previous marriages:

## SPIRITUAL/RELIGIOUS INFORMATION

Church Name: \_\_\_\_\_ # of Years at Church: \_\_\_\_\_

Church Attendance: \_\_\_\_\_ times per month Are you part of a small group?  Yes  No

If "Yes," who is your small group leader? \_\_\_\_\_

Please list any ministry involvement:

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Church attended in childhood?  Yes  No Denomination: \_\_\_\_\_

Have you been baptized?  Yes  No When: \_\_\_\_\_

If applicable, what is the religious background of your spouse? \_\_\_\_\_

Spouse's church attendance: \_\_\_\_\_ times per month

Do you and your spouse openly discuss and encourage one another in your faith?  Yes  No

Do you pray to God?  Yes  No If yes, how often? \_\_\_\_\_

What do you pray about?

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Have you received Jesus Christ personally as your Lord and Savior?

Yes  No  Uncertain  I don't know what this means

How would you define the Gospel of Jesus Christ and what it means to be a Christian?

Do you read the Bible?  Yes  No How often? \_\_\_\_\_

Do you have personal devotions?  Yes  No How often? \_\_\_\_\_

Describe your personal devotions: \_\_\_\_\_

Do you have family devotions?  Yes  No How often? \_\_\_\_\_

Describe your family devotions: \_\_\_\_\_

Favorite Christian Authors: \_\_\_\_\_

Please note any recent changes in your spiritual life:

## HEALTH INFORMATION

Have you had counseling before?  Yes  No

Have you seen a psychiatrist before?  Yes  No  Currently

If yes, list counselor/therapist, issues/topics/diagnosis, your evaluation of counseling, and dates:

What was the outcome? \_\_\_\_\_

Circle any of the following words which best describe you now:

Nervous	Hardworking	Impatient	Impulsive	Quiet	Restless	Likeable
Moody	Often Blue	Excitable	Imaginative	Difficult	Angry	Introvert
Calm	Serious	Easy-going	Shy	Submissive	Controlling	Extrovert
Active	Ambitious	Self-Confident	Persistent	Leader	Anxious	Self-conscious

Additional words not listed: \_\_\_\_\_

Approx. how many hours of sleep do you get each night? \_\_\_\_\_

When do you normally... Go to bed: \_\_\_\_\_ Fall asleep: \_\_\_\_\_ Wake up: \_\_\_\_\_ Get out of bed: \_\_\_\_\_

What do you normally do between going to bed and falling asleep? \_\_\_\_\_

Describe any recent change in sleeping habits: \_\_\_\_\_

State of current health:  Very good  Good  Average  Declining  Other:

Date of last medical examination: \_\_\_\_\_ Results: \_\_\_\_\_

Current illnesses, injuries, or disabilities: \_\_\_\_\_

Are you presently taking medication?  Yes  No Prescribing Doctor: \_\_\_\_\_

Please list current medications/dosages/frequency/side effects:

Have you used drugs for non-medical purposes?  Yes  No What/When: \_\_\_\_\_

Do you drink alcoholic beverages?  Yes  No Frequency: \_\_\_\_\_

Do people's faces ever seem distorted?  Yes  No Do colors ever seem too bright?  Yes  No

Are you sometimes unable to judge distances?  Yes  No Had hallucinations?  Yes  No

Afraid of being in a car?  Yes  No Exceptionally good hearing?  Yes  No

Problems sleeping?  Yes  No Describe your eating habits or changes in appetite:

## PERSONAL INFORMATION

Describe your current exercise routine: \_\_\_\_\_

Current weight: \_\_\_\_\_ Weight changes: 6 mo. +/- \_\_\_\_\_, 1 year +/- \_\_\_\_\_, 5 years +/- \_\_\_\_\_

Number of non-working hours per week on: Television \_\_\_\_\_ Computer \_\_\_\_\_ Hobbies \_\_\_\_\_

On a scale of 1-10, how distressed are you? \_\_\_\_\_

Please check any of the following physiological symptoms that apply to you:

Headaches	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Difficulty breathing	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Rapid heart rate	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Visual trouble	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Tension	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Dizziness	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Weakness	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Fatigue	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Pain	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Sleep trouble	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Change in appetite	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Other:		

Please rate any of the following struggles you and/or your family are experiencing **at this time**.  
 Blank=none, 1=mild, 2=moderate, 3=severe.

Abuse, Physical	1	2	3	Empty Nest	1	2	3	Marital Intimacy	1	2	3	Eating Disorder	1	2	3
Abuse, Sexual	1	2	3	Envy	1	2	3	Moodiness	1	2	3	Self-control	1	2	3
Abuse, Verbal	1	2	3	Fear	1	2	3	Panic Attacks	1	2	3	Self-injury	1	2	3
Addiction	1	2	3	Money	1	2	3	Parenting	1	2	3	Selfishness	1	2	3
Anger	1	2	3	Greed	1	2	3	Adult Child	1	2	3	Shame	1	2	3
Anxiety	1	2	3	Grief	1	2	3	Peer Pressure	1	2	3	Social Anxiety	1	2	3
Apathy	1	2	3	Guilt	1	2	3	People Pleasing	1	2	3	Spiritual Growth	1	2	3
Bad Memories	1	2	3	Homosexuality	1	2	3	Perfectionism	1	2	3	Submission	1	2	3
Bitterness	1	2	3	Humility	1	2	3	Pornography	1	2	3	Suicidal Thinking	1	2	3
Caring for Parents	1	2	3	Identity	1	2	3	Pre-Marital Sex	1	2	3	Time Management	1	2	3
Chronic Pain	1	2	3	Impatience	1	2	3	Pride	1	2	3	Unfulfilling Work	1	2	3
Codependency	1	2	3	Infertility	1	2	3	Priorities	1	2	3	Lying	1	2	3
Communication	1	2	3	Insecurity	1	2	3	Procrastination	1	2	3	Doubt Salvation	1	2	3
Conflict	1	2	3	In-Laws	1	2	3	Lack of Purpose	1	2	3	Manipulation	1	2	3
Compulsions	1	2	3	Jealousy	1	2	3	Rebellion	1	2	3	Loneliness	1	2	3
Depression	1	2	3	Judgemental	1	2	3	Rejection	1	2	3	Divorce Recovery	1	2	3
Debt	1	2	3	Leadership	1	2	3	Relationships	1	2	3				
Discontentment	1	2	3	Lifestyle	1	2	3	Respect Issues	1	2	3				

If you were reared by someone other than your own parents, please briefly explain:

## PERSONAL INFORMATION – CONTINUED

The town I grew up in was:  Urban  Suburban  Small town  Rural  Changed frequently

My family's financial situation was:  Poor  Lower middle  Middle class  Upper middle  Wealthy

Did you have any significant traumatic events as a child?  Yes  No If yes, briefly explain:

Which of the following words best describe your home or origin (circle all that apply):

Traditional	Authoritarian	Unpredictable	Divorced	Lonely	Substance abuse	Physical abuse
Verbal abuse	Perfectionist	Critical	Sexual abuse	Affectionate	Affirming	Permissive
Safe	Other:					

Please describe the current problem/trial/struggle that you are seeking counseling for, as best you understand it:

What have you done to address this situation thus far, if anything?

Other than counseling, what help are you seeking?

Please describe any family history (the family that you grew up in), which might be pertinent to the concerns that you are bringing to counseling (i.e. your relationship with your parents, their relationship with each other, significant losses or events, etc.):

What are your expectations or concerns in coming to counseling?

What do you believe you will have to chance to see the progress you desire?

Is there any other information we should know?

## TRINITY POINT CHURCH CARE & DISCIPLESHIP MINISTRY POLICY REVIEW

**Instructions for Policy Review:** After carefully each policy, please initial in the space provided to indicate your understanding and agreement. If you have questions, please email [christine@trinitypoint.org](mailto:christine@trinitypoint.org). If for any reason you are unable to sign these forms, *we will be unable to serve you.*

**Your Rights as a Counselee:** As a counsel you have the right discuss possible outcomes and challenges regarding the counseling and receive an estimate of the predicted length, goals, and outcome of the counseling, as well as alternative options to that counseling. You have the right to ask about and/or refuse any techniques used. You are encouraged to report to an elder/pastor at Trinity Point Church or the appropriate authorities as defined in "The Waiver of Liability" below, if you have any grievances regarding the counseling. You may terminate counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.

**Not Professional Advice:** If you have significant legal, financial, medical, or other technical questions, we may help you seek advice from an independent professional in that field.

### FINANCIAL POLICY

The Care & Discipleship ministry at Trinity Point Church is part of our ministry to members and our community. We do not charge for the counseling services offered. The generosity of our members allows us to offer these services free of charge. If our ministry has been a blessing to you and God has given you the means to do so, then your financial gift is most welcome. In such cases, checks should be made out to Trinity Point Church (or you can use the online giving platform available at [trinitypoint.org](http://trinitypoint.org)) as a way of joining with our members to make the Gospel paramount throughout Easley and even to the ends of the earth (Matthew 28:18-20).

**Please initial here if you understand and agree with this financial policy:** \_\_\_\_\_

### APPOINTMENT CANCELLATION POLICY

We want to be a good steward of the time and resources of the counseling ministry. Therefore, we request a 24 hour notice if you wish to cancel or are unable to keep an appointment. If you are unable to keep a scheduled counseling appointment, you should email [christine@trinitypoint.org](mailto:christine@trinitypoint.org) to cancel. For weekday appointments, cancellation is expected 24 hours in advance. We understand emergencies happen, so please keep us informed.

Counseling for members of Trinity Point Church always takes precedence over counseling for non-members. Yet we diligently work to make biblical counselors available for as many people as possible. If you are a member of another church, we will encourage your pastor to accompany you to counseling sessions and in most cases will keep your pastors up-to-date on your growth. With your permission, we may also invite your pastor to sit in on counseling sessions. This is important since we want to respect the authority and discipline of other congregations; and this allows your church to remain a central part of the counseling process.

**Please initial here if you understand and agree with this cancellation policy:** \_\_\_\_\_

## **TRINITY POINT CHURCH CARE & DISCIPLESHIP MINISTRY POLICY REVIEW**

### **PHILOSOPHY OF CARE**

We are committed to providing a balanced and biblical approach to counseling. By biblical counseling we mean that your counselor is a Christian with special training and experience in applying the truths of the Scriptures to life. We believe that the Bible speaks to all of life and to all of its problems, but it takes careful thought and prayerful wisdom to know how to make those connections. We don't believe that the Bible is simply a how-to book for happiness.

We are confident that through the Scriptures and the power of His Spirit, God has given us all the instruction necessary for life and godliness (2 Peter 1:3-4). It is our joy to help real people, with real problems, using the Bible. Your counseling will be biblical, pastoral counseling in which the Scriptures are held as the final authority in all matters. If you are not sure that you will be interested in biblical counseling, you will have the option of attending one or two sessions to discover how biblical counseling may help you.

Most importantly, we believe that the Bible ultimately points us to a Person—the Lord Jesus Christ. We believe that real change comes when people learn to see themselves and their problems in the context of a living, vital relationship with Christ. This does not mean that you must be a Christian to profit from our counseling, although we believe that deep and lasting change is brought about only by God himself. Because of this, we do not use the Bible in a superficial or heavy-handed way.

When necessary, we will work with your physician to ensure you receive the appropriate medical care in conjunction with the counseling services you receive.

### **The Biblical Counseling Ministry Team:**

Trinity Point's Care & Discipleship ministry team utilizes the help of both trained lay volunteers and pastors. Our counselors do not know everything about biblical teaching and its application to life; nevertheless, they do know much and will do their utmost to help you. Counselors will honestly tell you if they require additional assistance from another member of the Care & Discipleship ministry team. Please understand that biblical counseling consists of a Christian providing scriptural advice and practical application. Yet the counsel is held fully responsible for how he/she implements that advice (James 1:23-25). In addition, our counselors are neither psychologists, nor professional counselors. The ministry team consists of pastors, lay counselors, and trainees under the supervision of the church elders. The staff at Trinity Point Church will supervise trainees and lay volunteers.

**Please initial here if you understand and agree with this philosophy of care:** \_\_\_\_\_



## CONFIDENTIALITY CLAUSE

Confidentiality is an important aspect of the counseling process. We carefully guard the information you entrust to us to the fullest extent possible. AS a church-based counseling ministry, we do not offer absolute confidentiality. There are times, however, when it may be necessary for us to share specific information with others. Examples include, but are not limited to, matters of church discipline (cf. Matthew 18:15 ff.), criminal activities, and potential harm to self or others. Additionally, when a counselor is uncertain how to address a particular situation, the counselor may consult with another member of the Care & Discipleship team at Trinity Point Church for the purpose of providing the highest level of care within the ministries of the church. To best care for you, we will work together as a ministry team while keeping the circle of confidentiality as tight as possible.

There are times when counseling information may be shared outside the church context. Those exceptions would include, but are not limited to the following:

- Known or suspected abuse of any kind.
- The intent to take criminal actions or violence against another person.
- Credible suicidal thoughts or intentions.

If you are suicidal during the course of your counseling with your counselor, it is critical that you talk with your counselor about these matters. By initialing below, you agree to share any suicidal thoughts or intentions with your counselor any time they arise, and by phone if they occur between sessions, and that you would seek medical care if you become suicidal in the course of your counseling.

In the case of marriage or family counseling, there is limited confidentiality, meaning confidentiality belongs to the couple and not the individual.

Confidentiality for counseling at Trinity Point Church is defined by pastor-parishioner privilege because we are a local church and our counselors operate as agents of the church (pastors/ministers) not agents of the state (licensed counselors). This means counseling conversations are inadmissible in the court of law in the same way as conversations with a priest in a confessional booth. All counseling forms and notes taken by the counselor are the property of Trinity Point Church's Care & Discipleship ministry. They are protected as confidential and may not be used in court proceedings or any other way that is not authorized by the Care & Discipleship ministry team. If your counseling needs require professional representation in a court setting by a counselor, Trinity Point Church will likely *not* be the best-fit for your needs.

**Please initial here if you understand and agree with this confidentiality clause:** \_\_\_\_\_

## WAIVER OF LIABILITY

In seeking counseling from Trinity Point Church, please acknowledge your understanding of the following conditions and further release Trinity Point Church, her elders, staff, counselors, employees, and all ministry team leadership from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling will be provided by pastors or church-trained lay leaders. The counseling staff is not a licensed counseling service through the state of South Carolina;
2. All counseling is provided in accordance with the biblical principals adhered to by Trinity Point Church and is not necessarily provided in adherence to any local or national psychological or psychiatric association;
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above mentioned counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;
4. It is understood by the participant counselee(s) that all complaints and grievances will be heard by the elders of Trinity Point Church. If the goal of reconciliation cannot be achieved between aforementioned parties, then the participant counselee(s) may elect to involve *Peacemaker Ministries, Inc.* at their expense, for the purpose of mediation or arbitration.

**Please initial here if you understand and agree with this waiver of liability:** \_\_\_\_\_

## CONSENT TO COUNSEL

Having read and understood Trinity Point Church's

- Financial Policy    Appointment Cancellation Policy    Confidentiality Clause    Waiver of Liability
- Philosophy of Care

I, \_\_\_\_\_ (print name) grant permission for Trinity Point Church to render biblical counseling services to me and the names listed below (if applicable, please include the names of those who may be involved in the counseling process):

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I also understand that Trinity Point Church may terminate services for non-compliance with the agenda of care and/or agreed upon administrative issues, failure to keep or cancel appointments, criminal misconduct, violence, or similar issues.

**Please sign to indicate the following:**

1. You have read the policies in this document;
2. You agree with and understand each of these policies and;
3. You are enrolling yourself into counseling of your own will.

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Counselee Signature

Date

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Counselor Signature

Date

Having clarified the principals and policies of our Care & Discipleship ministry, we joyfully anticipate the opportunity to walk with you as Christ enables you to grow in spiritual maturity and usefulness to His body. If you have any questions about these guidelines, please email [christine@trinitypoint.org](mailto:christine@trinitypoint.org).

**Christine Chappell**  
Care & Discipleship Ministry  
[christine@trinitypoint.org](mailto:christine@trinitypoint.org)