

Break through Ministries



(office use - appointment _____ confirmed _____)

If you are unable to keep your scheduled appointment, please notify the church office (208)459-9133

Request appointment for **inner healing** _____ **deliverance** _____ **mentoring** _____

Date: _____ **Referred By:** _____

Your Name _____ **Male** _____ **Female** _____ **Age** _____

Address _____

Phone _____ **Email** _____

Occupation _____

Marital Status: **Single** _____ **Married (How long)** _____

Divorced _____ **Separated (How long)** _____ **Widowed (How long)** _____

Number of Children _____ **Ages** _____

Spouse's Name _____ **Age** _____

Occupation _____

Do you consider your spouse to be supportive of you? **YES** _____ **NO** _____ **N/A** _____

Please explain briefly your need.

How did you hear about us?

Are you presently in counseling or have you previously attended counseling?

YES _____ **NO** _____

Please list any physical or mental illness diagnoses you have received.

Please list any medications you are currently taking.

Do you know Jesus Christ personally? YES _____ NO _____ NOT SURE _____

Does your spouse know Jesus Christ personally? YES _____ NO _____ NOT SURE _____

Do you attend Church? YES _____ NO _____ WHERE? _____

How often do you attend church? Regularly ___ Occasionally ___ Seldom ___ Never ___

Are you involved in any ministries or small groups at your church?

Are you in leadership in any of these ministries? YES _____ NO _____

Please check any of the following that you consider to be supportive in your life.

Spouse _____	Family Member _____	Close Friend _____
Counselor _____	Mentor _____	Life/Cell Group _____
12 Step _____	Other _____	_____

Please check any of the following that apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Occult Involvement |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Suicide Attempts | <input type="checkbox"/> Masonic Involvement |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Change in Appetite | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Grief Issues | <input type="checkbox"/> Sleep Disturbance | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Physically Abused | <input type="checkbox"/> Addictions |
| <input type="checkbox"/> Physically Abusive | <input type="checkbox"/> Sexually Abused | <input type="checkbox"/> Drug Abuse |
| <input type="checkbox"/> Sexually Abusive | <input type="checkbox"/> Sexual Promiscuity | <input type="checkbox"/> Other (please list below) |

Is there any other relevant information that you think we should be aware of?

Which of our regularly scheduled appointment times do you prefer?

Tuesday 1:00 _____	Wednesday 10:00 _____	Thursday 10:00 _____
3:30 _____	12:30 _____	12:30 _____
	3:00 _____	3:00 _____
	5:00 _____	5:00 _____

Check here if you are unable to meet at one of these times and we will make special arrangements for another time. _____

BreakThrough Ministries



LIABILITY RELEASE

I (name) _____ acknowledge that team members of the **BreakThrough Ministries** team of Valley Church have voluntarily agreed to pray for me. I understand that this session is not a professional counseling meeting and that none of the team members are licensed counselors. I understand that these team members are, to the best of their ability, doing what they can to help me achieve breakthrough and freedom in my life.

I understand that Valley Church is a nonprofit Idaho Corporation that makes no charge for its services. I further state that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry.

I understand that if I receive ministry from the **BreakThrough Ministries** team, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other leaders of the BreakThrough Ministries team in order to further my total healing process. This may include future meetings with spiritual leaders in the church to set appropriate boundaries for my personal and spiritual growth.

I agree to hold the **Valley Church of Caldwell, BreakThrough Ministries** and its **team members** free from any and all liability, loss or damage of any kind that may arise as a result of assistance which I have received or from my involvement with the Valley Church of Caldwell, Idaho.

I have read this disclaimer and release of liability and understand and agree with it and have executed it as my free and voluntary act.

Signature (parent(s) sign if applicant is under 18yr)

Date