



Name: _____ Date: _____

Discipleship Counseling Entrance Form

Thank you for inquiring about Discipleship Counseling services at True Life. To serve you better, we have compiled the following information, which we trust will answer many of your questions. Please read and answer the questions in each section and sign your name at the end, in the space provided. Please bring this with you to your first (next) scheduled appointment.

1. **What is True Life Discipleship Counseling?** True Life is predominantly a teaching and training ministry. We exist to effectively and practically communicate the abundant Christian life that God promised to all that know Him. We are an independent, cross-denominational, non-profit ministry committed to helping the community and local Church effectively meet the needs of its own members and those within its sphere of influence.

The teaching aspect of our ministry occurs in both small group and personal discipleship counseling settings. Teaching takes place in groups through conferences and classes that we offer in several settings. Discipleship Counseling is counseling and teaching conducted through one-on-one individual sessions that provide a safe and caring environment where an individual or couple can explore their particular needs. The Holy Spirit, not the staff person, is the agent of change. With guidance from the staff, you can discover freedom through a Christ-centered solution.

2. **How do I pursue help from True Life?** During your first appointment with one of our staff counselors, you will discuss your situation and determine how True Life can best help you.

(a) Your counselor may recommend individual discipleship counseling for you. If so, are you prepared to come to a weekly scheduled appointment during our office hours of 9:00 AM-6:00 PM, Monday-Friday?

Yes No Comment: _____

(b) If our staff is not available or if your need is determined to be beyond our scope of ministry, are you willing for us to refer you to another source for help?

Yes No Comment: _____

3. **How long does the individual discipleship process take?** Depending on the nature of the problem, count on approx. 30 visits. Each session will last about an hour; on occasion, it may last longer. Are you prepared to devote this kind of time to seek a Christ-centered answer to your needs?

Yes No Comment: _____

4. **Will the process be painful?** Most people who come to True Life are already experiencing some pain. Even though the process may sometimes be painful, we are committed to walking with you through whatever God is doing in your life. Are you at a place where you are willing to let God do what it takes to bring about healing, even if it brings on more pain for now?

Yes No Comment: _____

5. **What about homework?** Because counseling appointments are only once a week, homework will typically be given. Your outside personal study is vitally important to make each counseling appointment most helpful. All homework *must* be completed prior to each session in order for sessions to continue. Are you prepared to complete homework assigned to you?

Yes No Comment: _____

6. **What is the cost of the individual appointments?** True Life operates on a donation basis for individual appointments. Each counselee is asked to donate \$90 per session (see attachment). You will be asked to purchase additional books and CDs that are assigned for homework, and you will also be asked to take an online assessment at a cost of \$35. Do you have any questions or concerns about this policy?

Yes No Comment: _____

7. **What if I am unable to keep my appointment?** In the event that you are unable to keep your scheduled appointment, we ask you to please notify your counselor at least 24 hours in advance. We ask that if you are unable to do so, that you would still make your usual donation amount. When we are unaware of a cancellation, it prevents us from meeting with someone else needing help, and also affects the financial support we receive. Would you be willing to comply with this courtesy?

Yes No Comment: _____

8. **What about confidentiality?** The communication between you and our staff is considered confidential. Your records will not be released outside of True Life without your written consent. Exceptions to this confidentiality can ensue as a result of one or more of the following circumstances: (1) When you say or do something that threatens your safety and/or suicide; (2) When you say or do something that threatens the safety of others and/or homicide; (3) When there is known or suspected child abuse; (4) When records are court ordered by a judge compelling disclosure. Do you have any questions or concerns about this policy?

Yes No Comment: _____

9. **Why is someone observing in my sessions?** Periodically, a counseling supervisor will observe counseling sessions. We are also a training ministry, so you can expect that there might be a trainee with the staff person in your sessions. Strict confidentiality is assured. Trainees are subject to the same conditions of confidentiality as the staff. If necessary, are you prepared to have a trainee or a counseling supervisor observe your sessions?

Yes No Comment: _____

10. **What about emergencies?** Our staff is available to return calls during our regular business hours. If you have an emergency after office hours, contact your pastor, a hospital, or a mental health facility. If you need serious attention and we are not available, are you willing to seek out help from your pastor, a hospital, or a mental health facility?

Yes No Comment: _____

Personal Information

Name/Last: _____ First: _____ Age: _____

Spouse's Last: _____ First: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone/Home: _____ Work: _____

Email: _____ Cell: _____

Marital Status: Single Engaged Married How long? _____ Years

Widowed Separated Divorced How long? _____ Years

This is your (#) _____ marriage. This is your spouse's (#) _____ marriage.

Number of children: _____

Names and ages of children (indicate * if by a previous marriage):

Church affiliation: _____ Member? Yes No

Church affiliation (spouse): _____ Member? Yes No

Are you employed? Yes No Type of work: _____

Company Name: _____ Location (city): _____

Is your spouse employed? Yes No Type of work: _____

Company Name: _____ Location (city): _____

Please state in your own words why you are seeking help: _____

What steps have you taken regarding this issue? _____

What specifically are your goals for your time at True Life? _____

Have you and/or your spouse received marriage, family, or individual counseling before?

Yes No If yes, who, when, and for what situation? _____

Have you at any time been under the care of any psychologist, psychiatrist, or mental health professional? Yes No If yes, when and for what problem? _____

Name of doctor or therapist: _____

Are you presently under the care of any physician or medical practitioner? Yes No

If yes, for what condition? _____

Name of doctor: _____

Are you currently taking any prescription or non-prescription drugs? Yes No

If yes, which drugs and for what problem? _____

By my signature below, I affirm that I have read and understand the above statements and answered the questions to the best of my knowledge and ability.

Signature

Date