

If you would like to get help through Spiritual Care, complete this form online and click the submit button at the bottom to email it to ladams@lincolnberean.org or print the form and mail it to Lincoln Berean Church, Attn: Lori Adams, 6400 S. 70th St., Lincoln, NE 68516.



INTAKE FORM

PERSONAL INFORMATION

Today's Date _____

Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip _____

Sex: Male Female Marital Status: Married Divorced Single Widowed

Home (____) _____ Cell (____) _____ Email _____

Can we leave a message on your home phone? Yes No Cell phone? Yes No

Employer _____ Position _____

Emergency Contact _____ Relationship _____ Phone (____) _____

Who referred you to the Spiritual Care ministry? _____

SPIRITUAL LIFE

Would you describe yourself as a Christian? Yes No If yes, please briefly describe your testimony of becoming a Christian:

Do you attend LBC on a regular basis? Yes No

HEALTH INFORMATION

Describe your health _____

List significant illnesses or injuries _____

Primary Physician _____ Date of last medical exam _____

Result of last medical exam _____

Current medications and dosages _____

Are you currently seeing or have you ever seen a psychiatrist, psychologist, mental health practitioner or received pastoral counseling? Yes No If so, please explain reasons:

BRIEFLY EXPLAIN THE FOLLOWING

1. What is the main problem or issue that has brought you here for spiritual care?

2. What have you done about the problem or issue?

3. What are your expectations for the Spiritual Care Ministry and your time with a Spiritual Caregiver?

4. Please indicate if day, evening or weekend times work best to meet with a Spiritual Caregiver.

5. Is there any additional information we should know?

RATE EACH ISSUE 1=no concerns; 3=some concerns; 5=serious concerns

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|----------------------------|----------------------------|-------------------------------|
| ___ Alcohol Use | ___ Financial Issues | ___ Poor Self Discipline |
| ___ Anger | ___ Forgiveness | ___ Poor Social Relationships |
| ___ Anxiety Feelings | ___ Gambling | ___ Pornography |
| ___ Authority Conflict | ___ Gender Identity | ___ Post Abortion |
| ___ Body Image | ___ Grief | ___ Self Injury Behavior |
| ___ Boundaries | ___ Guilty Feelings | ___ Sexual Abuse/Trauma |
| ___ Compulsive Behaviors | ___ Homicidal Thoughts | ___ Sexual issues |
| ___ Control Issues | ___ Internet Abuse | ___ Sleeping Issues |
| ___ Dating Problems | ___ Irritability | ___ Spiritual Concerns |
| ___ Depressed Feelings | ___ Legal Issues | ___ Spiritual Confusion |
| ___ Divorce Issues | ___ Loneliness | ___ Stress |
| ___ Drug Use | ___ Marital Issues | ___ Suicidal Thoughts |
| ___ Eating Issues | ___ Panic Thoughts | ___ Time Management |
| ___ Family Conflicts | ___ Parenting Issues | ___ Unusual Thoughts |
| ___ Fears | ___ Physical Abuse | ___ Other _____ |
| ___ Feelings of Insecurity | ___ Physical Health Issues | |