

City Light Church – Inner Healing Ministry Client Intake Form

Confidential – For Ministry Use Only

Thank you for taking the step to pursue healing. This form helps us get to know you so we can serve you with wisdom, compassion, and prayer. All information will be kept confidential within the Inner Healing Ministry team.

SECTION 1: PERSONAL INFORMATION

- **Full Name:** _____
 - **Date of Birth:** ____ / ____ / ____
 - **Gender:** ☐ Male ☐ Female
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Address:** _____
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- **Preferred Method of Contact:** ☐ Call ☐ Text ☐ Email
 - **Emergency Contact Name & Number:** _____
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- **How did you hear about us?**
 - ☐ Church Announcement
 - ☐ Website
 - ☐ Friend/Family
 - ☐ Pastor/Staff
 - ☐ Social Media
 - ☐ Other: _____
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SECTION 2: CHURCH & SPIRITUAL BACKGROUND

- **Are you a member or regular attendee of City Light Church?**
 - ☐ Yes ☐ No

If not, where do you regularly attend church (if anywhere)?

- How would you describe your current relationship with God?
 - ☐ Close and growing
 - ☐ Struggling
 - ☐ Distant
 - ☐ Unsure
 - ☐ New to faith
 - Have you accepted Jesus Christ as your Lord and Savior?
 - ☐ Yes ☐ No ☐ Unsure
 - Have you been water baptized?
 - ☐ Yes ☐ No
 - Have you ever experienced the Holy Spirit in a personal or powerful way?
 - ☐ Yes ☐ No
 - If you answered 'no', would you like to learn more about experiencing the Holy Spirit in a personal and powerful way?
 - ☐ Yes ☐ No
 - Are you currently involved in a small group or discipleship relationship?
 - ☐ Yes ☐ No
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SECTION 3: FAMILY, RELATIONSHIPS & HISTORY

- **Marital Status:**
 - ☐ Single
 - ☐ Married
 - ☐ Separated
 - ☐ Divorced
 - ☐ Widowed
- If married, how would you describe your marriage?
 - ☐ Healthy
 - ☐ Growing but with challenges
 - ☐ Struggling
 - ☐ In crisis
- Have you previously been divorced?
 - ☐ Yes ☐ No
 If yes, how many times? _____
- Do you have children?
 - ☐ Yes ☐ No

If yes, please list their names and ages:

- Please briefly describe your relationship with your parents growing up:

- Have you experienced any of the following (check all that apply):

- ☐ Childhood trauma
- ☐ Abuse (emotional, physical, sexual)
- ☐ Abandonment or neglect
- ☐ Loss of a loved one (grief)
- ☐ Addictive behaviors or codependency
- ☐ Unforgiveness or bitterness
- ☐ Identity struggles or shame
- ☐ Anxiety or depression
- ☐ Spiritual confusion or oppression

- If comfortable, briefly explain any checked areas:

SECTION 4: REASON FOR SEEKING INNER HEALING

- What are you hoping to receive through this ministry?

- Are there specific situations, relationships, or experiences you'd like to invite God into during your healing process?

- Have you received inner healing or counseling before?

☐ Yes ☐ No

If yes, please describe:

- Are you currently seeing a counselor or therapist?

☐ Yes ☐ No

If yes, who and for how long?

SECTION 5: CONSENT & EXPECTATIONS

Please read and initial each statement:

___ I understand that the Inner Healing Ministry is a biblically based ministry and not professional counseling or therapy.

___ I understand that this ministry involves prayer, listening to the Holy Spirit, and gently exploring past or present areas of brokenness.

___ I give permission for trained ministry leaders to pray with me and, if appropriate, lead me through tools that promote healing and wholeness in Jesus.

___ I understand that confidentiality will be maintained except in cases of mandatory reporting (e.g., harm to self or others, abuse).

___ I release City Light Church and its leaders from liability regarding outcomes of ministry sessions, knowing that healing is a spiritual process led by the Lord.

___ I understand that I am responsible for my own behavior, memories and life decisions. I take full responsibility for the results of my decisions, good or bad for my life.

___ The Inner Healing Ministry offers no guarantee for healing or deliverance.

SIGNATURE

Signature: _____

Date: ____ / ____ / ____