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**BIBLICAL MENTORING INTAKE FORM**

NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GENDER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

MARITAL STATUS: \_\_\_ Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated  
\_\_\_ Divorced \_\_\_ Widowed \_\_\_ Partnered

EDUCATION: Last Grade Completed \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ YRS MARRIED: \_\_\_\_\_

CHILDREN'S NAMES AND

AGES: \_\_\_\_\_

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. Please describe the reason you are seeking Biblical mentoring:

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2. What other ways have you worked on this issue (if any)?

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3. What do you hope to achieve through the Biblical mentoring process? Briefly list two to three goals.

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4. Have you sought other help? If so, from whom?

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5. Are you a follower of Jesus Christ? Yes No (circle one)

6. Please explain your spiritual journey and how you came to follow Jesus:

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### ASSESSMENT

1. Please check all the following that apply to you at this time:

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|---|---|
| <input type="checkbox"/> I feel depressed             | <input type="checkbox"/> I feel angry                     |
| <input type="checkbox"/> I feel anxious               | <input type="checkbox"/> I am a poor communicator         |
| <input type="checkbox"/> I am having marital problems | <input type="checkbox"/> I feel sad                       |
| <input type="checkbox"/> I struggle with my in-laws   | <input type="checkbox"/> I struggle with bitterness       |
| <input type="checkbox"/> I have children              | <input type="checkbox"/> I feel worthless                 |
| <input type="checkbox"/> I struggle as a parent       | <input type="checkbox"/> I do not attend church regularly |
| <input type="checkbox"/> I abuse alcohol              | <input type="checkbox"/> I do not read my Bible often     |
| <input type="checkbox"/> I use illegal drugs          | <input type="checkbox"/> Jesus is important in my life    |
| <input type="checkbox"/> I use prescription drugs     | <input type="checkbox"/> I don't think about Jesus much   |
| <input type="checkbox"/> I abuse prescription drugs   | <input type="checkbox"/> I strongly fear rejection        |
| <input type="checkbox"/> I view pornography           | <input type="checkbox"/> I have been sexually abused      |
| <input type="checkbox"/> I struggle sexually          | <input type="checkbox"/> I have been physically abused    |
| <input type="checkbox"/> I feel hopeless              | <input type="checkbox"/> I have been verbally abused      |
| <input type="checkbox"/> I feel fearful               | <input type="checkbox"/> I have been sexually abusive     |
| <input type="checkbox"/> I struggle with anger        | <input type="checkbox"/> I have been physically abusive   |

## CHURCH AFFILIATION

1. Are you a member of Lifepoint Church? Yes No (circle one)
2. If so, how long have you attended Lifepoint? \_\_\_\_\_
3. Are you serving at Lifepoint? Yes No (circle one)
4. Are you in a Lifegroup or Care Group? Yes No (circle one)
5. Do you believe being an active part of a community of believers is important to reaching your goals in biblical mentoring? Why? Why not?

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## INFORMED CONSENT

This is to disclose that we offer only Biblical mentoring. We are not licensed by the Commonwealth of Virginia as any form of professional mentor, therapist or psychologist and do not offer professional counseling, substance abuse counseling, marriage and family therapy, psychiatry, psychometry, or psychology or any other counseling service for which a license is required by the Commonwealth of Virginia.

## CONFIDENTIALITY

Be assured that everything we discuss is completely confidential. However we are bound by legal and ethical parameters for certain situations when others (authorities and loved ones) will be called.

These are:

1. If and when information is disclosed regarding the actual or suspected abuse or neglect of a person under the age of 18 or any elderly person. Reasonable efforts will be taken by the Biblical mentor to report this actual or suspected abuse to the appropriate agency (usually law enforcement and/or department of social services/child welfare).
2. If and when information is disclosed regarding any suicidal ideation, plan, or intent on the part of the mentoree. The Biblical mentor reserves the right to take appropriate and reasonable measures to ensure the safety of the mentoree.
3. If and when information is disclosed regarding any homicidal ideation, plan, or intent on the part of the mentoree. The Biblical mentor reserves the right to take appropriate and reasonable measures to ensure the safety of the imagined and/or intended victims.

## EMERGENCIES

We can be reached at 540-786-5111 during normal business hours. If you are unable to reach us in a timely manner, you should contact your physician, a local emergency room or the local police department when necessary and appropriate. It is your responsibility to seek the appropriate resources in emergency situations.

By your signature below, you indicate that you have read and understood this statement, and any questions about this statement were answered to your satisfaction. You also indicate that you have received a copy of this statement for your records. By our signature it verifies the accuracy of this statement and acknowledges my commitment to conform to its specifications.

Client Name

(Print): \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Biblical Mentor Name (Printed): \_\_\_\_\_

Signature of Biblical Mentor: \_\_\_\_\_ Date: \_\_\_\_\_