

PASTORAL CARE MINISTRY

Please fill out the following information for an appointment with our Pastoral Care Ministry.

Name _____ Age _____
First Middle Last

Address _____
Street City State Zip

Phone _____ Work Phone _____

Marital Status _____ E-mail Address (Optional) _____

Do you attend the Legacy? Yes No If yes, how long? _____

Do you attend a **Legacy**/ Onething Small Group? Yes No If yes, for how long? _____

Group Facilitator's Name _____

Have you consulted with them regarding your specific concern/need? Yes No

Have you seen or are seeing a professional counselor somewhere else? Yes No

Name of Counselor _____

Briefly explain your reason for coming: _____

The direction and intention of the **Legacy** Pastoral Care Ministry is based upon God's Word as the authority on life in helping us with our struggles, difficulties, and daily decisions. Please read and sign the acknowledgement of "Christian Counseling" below.

Although experienced, the individuals who will meet with you are not therapists. Each has been called by the Lord to be an instrument through which he/she can work in helping you. At the conclusion of each appointment, we will determine if there is a need to arrange any follow-up sessions. We keep everything in strictest of confidence (within the pastoral circle).

Should there be a need to refer you to someone more highly trained or experienced, we will refer you accordingly.

Signature _____ Date _____



Christian Counseling

Legacy offers a staff of dedicated Christian men and women who will help you apply the Bible and its principles to your life through prayer, interaction, and the study of God's Word. Through such counseling, we desire to help you build a strong personal relationship with God the Father through Jesus Christ His Son by means of God, the Holy Spirit, and we want to help you build strong God-honoring relationships with others, as taught to us in the Bible.

Our staff and lay leaders are not professional licensed counselors and cannot provide the assistance which such training offers. If you decide you need professional counseling, we can provide you with a list of licensed counselors to help meet your specific need.

What is said by you to our staff during your counseling sessions will be held in strict confidence, except in those areas where the laws of the state of Florida require a counselor to report to authorities.

These are:

- a. If the counselor has reasonable cause to believe that you could possibly be dangerous to yourself or to the person or property of another, he/she is obligated to report this concern to the appropriate authorities or individuals.
- b. If the counselor has reasonable cause to believe that a child has been the victim of abuse, he/she must report the suspected abuse to the child protective agency immediately by telephone, to be followed by a written report within 36-hours.
- c. "Child abuse" includes:

1. Physical injury
2. Sexual assault and/or exploitation
3. Willful cruelty or unjustifiable punishment
4. Corporal punishment resulting in a traumatic condition
5. Neglect

If you have any questions concerning Christian counseling at **Legacy**, please discuss them with our staff. We are here to assist you in your walk with the Lord.

Acknowledgement

I acknowledge that I have read "Christian Counseling" and that I understand it completely. I recognize that my counselors at **Legacy** are not licensed professional counselors, psychologists, or psychiatrists and their counsel is based on God's Word alone. I also recognize that I am solely responsible for my own actions. I therefore agree that I will not hold **Legacy**, its staff, or my counselor responsible or liable for anything whatsoever connected with the biblical instruction/counsel I am to receive.

Signature _____ Date: _____

Print Name _____

For Office Use Only Pastor/Leader

1. _____ Date _____

2. _____ Date _____

3. _____ Date _____