



210 Goodson Way
Denton, TX 76207
940-300-5776
www.kathrynjankiewicz.com

HEART-CARE MINISTRY INTAKE FORM

MINISTRY CLIENT INFORMATION

Today's Date: _____ Referred by: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home) _____ (Cell) _____

Email: _____

Date of Birth: ___/___/___ Age: _____

Education: _____

Are you a church member? YES NO

Church Name: _____

Pastor's Name: _____

Religious Background: _____

Occupation: _____

Employer: _____

MARRIAGE AND CHILDREN

Current Marital Status (circle all that apply and enter dates. *If you have never been married and have no children, you can skip to the next section.*)

Single _____ Engaged (wedding date) ___/___/___

Married ___/___/___ Divorced ___/___/___

Separate (how long?) _____ Widowed ___/___/___

Previous Marriage (s): _____

Spouse's name (if married) _____

Spouse's DOB: ___/___/___ Spouse's Age: _____

Spouse's Occupation: _____

Spouse's Employer: _____

Do you have children? YES NO

If YES, please list below and mark (x) if stepchildren:

1. _____ Age: _____ Step: _____

2. _____ Age: _____ Step: _____

3. _____ Age: _____ Step: _____

4. _____ Age: _____ Step: _____

5. _____ Age: _____ Step: _____

6. _____ Age: _____ Step: _____

7. _____ Age: _____ Step: _____

PARENTS AND SIBLINGS

Father's Name: _____ Age: _____

If deceased, cause of death: _____

Mother's Name: _____ Age: _____

If deceased, cause of death: _____

Names and ages of siblings in birth order from oldest to youngest. Include self and any half-siblings.

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

5. _____ Age: _____

6. _____ Age: _____

7. _____ Age: _____

8. _____ Age: _____

MEDICAL AND PERSONAL

Have you had counseling before? YES NO

Counselor/Therapist Name: _____

Dates To/From: _____

Outcome and Diagnosis: _____

Date of Last Medical Exam: _____

Please rate your health: Excellent Good Average Poor

Are you taking medications? If yes, please list: _____

Are you experiencing any of the following: (circle)

Dizziness Headaches Tingling Extreme Anxiety

Numbness Back Pain Insomnia Muscle Spasms

Lethargy Twitching Mental Fog Gastric Upset

Do you have any addictions: YES NO UNCERTAIN

Have you experienced any previous trauma? YES NO

If yes, please circle below:

Physical Abuse Emotional Abuse

Sexual Abuse Rape

Abortion Near-death Experience

Spouse's Adultery Parent's Divorce

Abandonment Rejection

Other: _____

Other: _____

Have you ever been arrested: YES NO

If YES, when and for what offense: _____

In case of emergency, who should be notify?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home) _____ (Cell) _____

(Work) _____ Relationship _____

INITIAL MINISTRY REQUEST

Briefly answer the following questions:

What concern has caused you to come for counseling now

My childhood was: _____

My biggest fear is: _____

My greatest regret is: _____

My deepest hurt was: _____

What I wish I could change about myself is _____

Jesus Christ is: _____

If you died tonight, do you know that you would spend eternity in heaven: YES NO NOT CERTAIN

Please explain: _____



Heart-Care Biblical Counseling Concept

Heart-Care is Holy Spirit led counseling. It is a time to encounter inner healing of the soul where the broken parts of the heart can be made whole with instruction in Biblical truth, the ministry of prayer, the power of the gospel, and mind transformation according to Scripture. The tools of Heart-Care overlap modern psychology therapy but is not psychological therapy. As a minister of the gospel of Jesus Christ, I believe that inner conflicts in the soul are rooted in past unresolved pain that have produced the current symptoms. Current problems are usually connected to past unmet needs, unhealed hurt, and unresolved issues. While assisting with coping skills for the current situation, my focus will be to look for the seeds that caused the pain and let those areas of the heart meet God’s truth, grace, power, and love in order to eliminate them. It is my goal to minister freedom to grow in grace and love in Jesus as a Holy Spirit midwife bringing rebirth to areas of your heart that have yet to be made into His likeness.

Ministry Credentials and Experience

Kathryn Jankiewicz is a writer, a teacher, a public speaker, a prayer counselor, a minister, a discipler of people, and a lover of Jesus. She has authored and published nine books on growing the inner self -the heart. Her devotional on the Song of Songs, *Encountering the Beloved King*, was an award winner in 2018. Her first self-published project has gone into its third revision. It is a handbook of prayers for the seasons and situations life brings. It is called *GARDEN TOOLS: Tending the Garden of the Heart*.

Kathryn is certified by Vision Life Ministries, Elijah House Ministries, and Heart-Sync. She is currently pursuing a masters in Professional Counseling. She also has a Texas Teaching Certificate and a degree in Computer Science and Information Processing.

Kathryn has taught the Word of God and ministered to the needs of the broken, bruised, and bound for over a decade.

Confidentiality

All information disclosed by the client will be kept in strict confidence, including the information contained in the Intake Form, Personal History Questionnaire, session notes, and assessments. Client information may be shared between Heart-Care ministers for consultation and accountability. The only exceptions to this confidentiality are the following:

1. The client is believed to be in danger to self or others.
2. Any form of child, elder, or incapacitated adult abuse (physical or sexual) or neglect is disclosed or suspected by the counseling minister.

Texas Law mandates the reporting to appropriate authorities or professionals in either of these cases.

Consent for Ministry

By my signature below, I affirm that I have read and do understand the above statements. My consent extends to all subsequent appointments I attend. I understand that I may leave a session at any time if I become uncomfortable with the ministry to me.

Client Name (Please print)

Date

Client’s Signature

Witness Initials



FINANCIAL, CANCELLATION, & CHILDCARE POLICIES

Financial Policy

Appointments are usually between 4 - 5 hours long, and sometimes may be shorter or longer depending on the type of session and the work of the Holy Spirit. Follow-up appointments are usually shorter.

Suggested contribution to the volunteer minister is \$100 per session. Please consider that volunteer ministers have invested their time and personal finances to become equipped to help you. Please honor their dedication to excellence with your support. You are invited to partner with them by giving them more than the suggested rate if you would like to bless those who need scholarships, please check below the level of support you can give and initial. Payment is made directly to ministers via cash/check/credit card/paypal/CASH app/Zelle app.

Please hear my heart. I give my time and gifts to you freely, but it is not a good Kingdom principle for ministry to cost me personally to provide materials, assessments, etc. and not give you an opportunity to respond. The Bible is clear that "what we sow, we reap" and where our treasure is, there will be our heart. We tend to spend our money on what we deem valuable to us. It is with kindness for you that I step forward to explain this principle to you.

If you currently are without employment, or are in extreme financial hardship, session scholarships may be available through the generosity of others and those who contribute to my ministry as a blessing. Please check below to discuss your situation with us now.

I would like to partner with you to provide scholarships for others, and will give about the suggested support as my financial situation allows. (_____)

I am blessed to be able to give the suggested session support of \$100. (_____)

I absolutely cannot contribute the minimum requested amount of \$100 per session at this time due to the following: _____

I can give per session the amount of: (\$_____). (_____)

I cannot contribute any amount per session at this time. (_____)

IMPORTANT: My ministry to you is not dependent upon your financial gift, and I will refuse no one who needs Heart-Care due to financial reasons. I only ask that you make your own wholeness a priority as well as being part of the blessing that comes from honoring those who ministers to you. I believe the Lord will provide all that is needed for both you and me.

Cancellations and Childcare

Please respect my time by keeping the appointments set for you and **watching the videos before your appointment.** I request that you give me at least 48 hours notice for all cancellations or reschedule requests.

If you have children, you will need to arrange for childcare during your appointment. I do not provide childcare, and children are not permitted to accompany a client unless the child is receiving ministry. There can be no exceptions to this, so please do not request one.

Consent for Policies

By my signature below, I affirm that I have read and do understand the above statements. My consent extends to all subsequent appointments I attend.

Client Signature

Date



MEDICAL INFORMATION REQUEST/LIABILITY RELEASE

Name: _____ Date: _____

Diagnosed Medical Conditions:

Diagnosed Mental/Psychological Disorders:

Currently under a Medical Doctor's Care? YES NO

Currently under a Mental Health Professional's care? YES NO

Currently prescribed medications:

Taking medications as prescribed? YES NO

The health information is requested for the sole purpose of providing me with insight for prayer. We are designed by God as body, soul, and spirit. While my focus is on the soul, or heart, being aware of other influences will assist me in approaching your wholeness with gentle integrity. I am a minister of the gospel of Jesus Christ and I assist others in gaining freedom and wholeness from issues that may hinder them from living joyful, Godly, productive lives. My assistance is offered through prayer, biblical counsel, teaching and the power of God. I do not offer physical or mental health diagnoses, and do not make recommendations regarding medications. If, as a result of my ministry to you, you believe you have been healed of any physical condition or mental/psychological disorder, I advise you to consult with your physical or mental health professional regarding any medications you are currently taking. I do not advise, instruct, or recommend that you stop taking any medications without first discussing it with your doctor. By signing this form, you acknowledge your understanding of my Heart-Care Ministry policy and agree that Kathryn Jankiewicz and Heart-Care Ministry are not responsible for any decisions or action on your part regarding your mental or physical health and/or prescription medications.

Client Signature

Date



WAIVER OF LIABILITY

I understand that I will be seeing Kathryn Jankiewicz, a Heart-Care minister who will be able to listen, support, encourage, pray with and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept she is not a licensed counselor and may be ordained and/or full-time ministers, pastors, or counselors. I acknowledge that ministry is under the direction and control of the Holy Spirit, that no guarantees are made, nor can be made, by anyone or any organization that I will or will not receive any particular healing. I understand healing is a process and may require multiple sessions. Thus I waive all rights to claims of liability. I accept that she may recommend further ministry for me by a pastor, counselor, home ministry group, support group, and/or other agency in my community.

WAIVER OF CONFIDENTIALITY

I am aware that all statements that I shall make to my Heart-Care minister is of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, I waive my right to “complete” confidentiality in the following situations:

1. I accept that my minister may give a brief summary report of the results of the ministry to the Ministry Director(s), and/or the oversight team or to their supervisor.
2. I accept that my minister may consult with the Ministry Director(s), oversight ministry team, and/or their designated representatives, and/or their supervision concerning their ministry to me.
3. I accept and acknowledge that Kathryn Jankiewicz, as a Heart-Care minister, and any other persons involved in working with adults and children in a helping setting, are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do to himself or to others.
4. I accept and acknowledge that they are also required to report any reasonable suspicion of physical or sexual abuse that has been done, or that is being done to a minor child.
5. I accept that Kathryn Jankiewicz, as a Heart-Care minister, reserves the right to make such reports as mandate by law, whether or not she confers with me first.

Client Name (Please print)

Date

Client's Signature

Witness Initials