

Name _____	Date _____
Address _____	Age _____
City/State/Zip _____	
Male/Female _____	Marital Status _____ #children _____

This form is confidential for pastoral staff only. Feel free to share as much or as little of your information as our goal is to see you set free & not to judge any condition.

Medical Issues / Doctor Diagnoses**Current Medication**

_____	_____
_____	_____
_____	_____
_____	_____

Can You Pinpoint Any Emotional or Personality Issues You Deal With?

example: I'm driven to succeed, I have a lot of stress, when I think of my ex I get ticked off

How Open Are You to New Ideas / Ways of Thinking?

Completely | I'm Interested | Somewhat | Little Bit | Unteachable

Significant Life Events That Changed Your Health or Happiness

PLEASE READ & SIGN

This class has been designed with a purpose that includes live attendance. Therefore the following must be agreed to: we encourage you to take notes in class and you will be given handouts. But the following is *legally prohibited*: **recording** the class with any device, **sharing** any recordings that you have access to online and **duplicating** or disseminating any class material.

It is very important for people NOT to get little pieces of this class without attending in person. This is our position and we ask that it is completely adhered to.

By signing this form you agree to the above & the following: Get Whole, Grace Christian Church, it's staff & volunteers are offering this class as a ministry to you. We do not promise or guarantee that you will be healed nor do we encourage you to stop taking medication or stop your normal doctor visits. This service is to provide information based on personal study only and makes no claims to replace primary or psychological care.

Signature _____ Print _____