**Bethesda House of Healing**

**Spirit–Soul–Body Healing Institute**

A Ministry Outreach of CTHIM – Call To Holiness International Ministry Inc.

**PARTICIPANT INTAKE & CONSENT FORM**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name & Phone:**

**1. Nature of Ministry Services**

I understand that Bethesda House of Healing is a Christian faith-based ministry providing:

* Prayer
* Spiritual guidance
* Biblical teaching
* Inner healing ministry
* Deliverance prayer (when appropriate)
* Discipleship support

These services are spiritual and pastoral in nature and are not medical, psychological, or psychiatric treatment.

**2. Not a Substitute for Medical or Mental Health Care**

I acknowledge that:

* Bethesda House of Healing does not diagnose medical or psychiatric conditions.
* The ministry does not provide psychotherapy or crisis intervention.
* I am responsible for maintaining appropriate medical and mental health care.
* I will not discontinue prescribed medication without consulting my licensed physician.

If I am currently under medical or psychiatric care, I agree to inform ministry leadership.

**3. Voluntary Participation**

I understand that:

* Participation is completely voluntary.
* I may decline any prayer or ministry activity.
* I may stop participating at any time.
* I am free to request a referral to licensed professionals.

**4. Mental Health Disclosure**

Please indicate if you have ever been diagnosed with any of the following (check if applicable):

☐ Depression  
☐ Anxiety Disorder  
☐ Bipolar Disorder  
☐ PTSD  
☐ Schizophrenia or Psychotic Disorder  
☐ Personality Disorder  
☐ Substance Abuse Disorder  
☐ Suicidal Ideation (current or past)  
☐ Currently under psychiatric care  
☐ Currently taking psychiatric medication  
☐ None of the above

If applicable, please briefly explain:

**5. Confidentiality & Reporting**

I understand that my information will be kept confidential within ministry standards.

However, I acknowledge that confidentiality may be limited if:

* There is risk of harm to myself
* There is risk of harm to others
* Abuse of a minor or vulnerable adult is disclosed
* Legal reporting obligations apply

**6. Deliverance & Prayer Acknowledgment**

I understand that:

* Deliverance prayer, when conducted, is a faith-based spiritual practice.
* It is not psychological treatment.
* Emotional responses may occur during prayer.
* Ministry sessions are conducted in a structured, supervised environment.

I give informed consent to receive prayer ministry consistent with biblical teaching.

☐ Yes  
☐ No

**7. Assumption of Responsibility**

I acknowledge that:

* I am responsible for my personal decisions and actions.
* Bethesda House of Healing does not guarantee specific outcomes.
* I assume responsibility for any personal choices made outside ministry guidance.

**8. Media & Testimony Release (Optional)**

☐ I give permission for my testimony to be shared anonymously.  
☐ I give permission for my testimony to be shared publicly (with approval).  
☐ I do not give permission for my testimony to be shared.

**9. Agreement**

By signing below, I confirm that:

* I have read and understand this consent form.
* I have had the opportunity to ask questions.
* I voluntarily agree to participate in ministry services at Bethesda House of Healing.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministry Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_