

10834 N. 32nd Street - Phoenix, Arizona 85028 Phone: (602) 485-5115 - Fax: (602) 485-5271

GENERAL INFORMATION (Please print clearly) Last Name: \_\_\_\_\_

Husband's Name: \_\_\_\_\_ Wife's Name: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email Address (CAPATALIZED LETTERS only): \_\_\_\_\_

His history: 1st Marriage  yes  no  Single  Married  Separated  Widowed  Divorced

Her history: 1st Marriage  yes  no  Single  Married  Separated  Widowed  Divorced

His date of birth: \_\_\_\_\_ Her date of birth: \_\_\_\_\_ Wedding date: \_\_\_\_\_

Have you been to the Discovery Seminar  yes  no Have you read Discovering the Mind of a Woman  yes  no

Scheduled appointment with:  Ken Nair  Travis Turner  Nancy Nair

Church Affiliation: \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you presently under any prescription medication? \_\_\_\_\_

Are you presently seeking counsel with a psychiatrist, psychologist, or pastor, other? \_\_\_\_\_

If yes, briefly describe your situation and give approximate date(s) \_\_\_\_\_

Briefly summarize the circumstances that bring you to LIFE PARTNERS: \_\_\_\_\_

**METHOD OF PAYMENT:**  Check  Cash  Credit card: # \_\_\_\_\_ exp: \_\_\_\_/\_\_\_\_  
(Visa - Discover - MasterCard)

### ACKNOWLEDGMENT & CONSENT

LIFE PARTNERS CHRISTIAN MINISTRIES is a Christ-centered, non-profit ministry. The requested service is \$85.00\* per hour. I understand that in an effort to be good stewards of time management and be able to serve most effectively those who request discipleship, Life Partners Christian Ministries, Inc. will bill me for scheduled appointments that are missed and not cancelled at least 24 hours in advance.

I understand and recognize that the primary role of the discipler at Life Partners Christian Ministries, Inc. is in giving spiritual care; helping a husband learn how to live with his wife in an understanding way according to Scripture, and helping a wife learn how to discover the heart of her husband and be the helpmeet God has designed her to be.

I understand and recognize that the guidance received at Life Partners Christian Ministries, Inc. is NOT considered "psychiatry," "psychology," or "psychometrics." I understand and acknowledge it is my obligation to inform the discipler at Life Partners Christian Ministries, Inc., prior to a session, if I do not desire to participate in spiritual care, but rather, I am seeking to establish a professional relationship with a licensed mental health service provider.

I understand and accept that I am solely and completely responsible for the application of any and all information, instruction, recommendation or suggestion that I may receive. I hold harmless Life Partners Christian Ministries, Inc., its representatives, associates and/or assigns for any and all damages that may be incurred as a result of any discipleship received. I accept financial responsibility for the time I request, whether discipleship is by phone or in person. **(Phone discipleship must be pre-paid by check or credit card.)**

I accept and have fully informed myself of the contents of this Acknowledgment & Consent by reading and understanding it before signing it.

\_\_\_\_\_  
Husband's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Wife's signature

\_\_\_\_\_  
date