

CONFIDENTIAL

PRAYER MINISTRY QUESTIONNAIRE

Date of Ministry _____

Name of Prayer Minister _____

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

AGE _____ E-MAIL ADDRESS _____

HOW MANY CHILDREN IN CHILDHOOD FAMILY _____

WHERE ARE YOU IN FAMILY LINE OF SIBLINGS: 1ST 2ND 3RD 4TH 5TH

RELATIONSHIP TO FATHER IN CHILDHOOD: GOOD _____ BAD ____ INDIFFERENT__

RELATIONSHIP TO MOTHER IN CHILDHOOD: GOOD _____ BAD ____ INDIFFERENT __

RELATIONSHIP TO SIBLINGS: GOOD _____BAD ____ INDIFFERENT__

HAS THERE BEEN A SIGNIFICANT CHANGE IN ANY OF THESE AT PRESENT

WHAT OF THE FOLLOWING APPLIED TO YOU DURING YOUR CHILDHOOD:

- | | | |
|---------------|-------------------|---------------------|
| NIGHT TERRORS | BED WETTING | SLEEP WALKING |
| INCEST | NAIL BITING | UNHAPPY CHILDHOOD |
| STAMMERING | EXCESSIVE FEAR | PROBLEMS LEARNING |
| LONELINESS | SEXUAL ENCOUNTERS | MOLESTATION |
| BROKEN HOME | REMOVED FROM HOME | INAPPROPRIATE TOUCH |

STATUS OF PARENTS:

ALCOHOLIC _____ DRUGS _____ DIVORCED _____ SEPARATED _____

DECEASED _____

PARENTS RELIGIOUS BACKGROUND _____

PERSONAL HISTORY:

CHURCH AFFILIATION - PRESENT _____ PAST _____

BORN AGAIN _____ DATE _____ WATER BAPTISM _____ DATE _____

CHURCH _____

MARITAL STATUS: MARRIED _____ SEPARATED _____ DIVORCED _____ SINGLE _____

WIDOWED _____ HOW MANY CHILDREN _____

IF MARRIED BEFORE, HOW MANY TIMES _____

WITH WHOM ARE YOU NOW LIVING _____

DO YOU HAVE REGULAR DEVOTIONS IN THE BIBLE _____

DO YOU FIND PRAYER DIFFICULT _____

DO YOU LISTEN TO A LOT OF MUSIC _____ WHAT TYPE DO YOU ENJOY MOST _____

HOW MANY HOURS OF TV DO YOU WATCH PER WEEK _____

ARE YOU ADOPTED _____

HAVE YOU EVER ATTENDED A NEW AGE SEMINAR, OR PARTICIPATED IN A SEANCE _____

WHAT SPIRITUAL EXPERIENCES HAVE YOU HAD THAT WOULD BE CONSIDERED OUT OF THE ORDINARY

TO YOUR KNOWLEDGE, HAVE ANY OF YOUR PARENTS, GRANDPARENTS, OR GREAT-GRANDPARENTS EVER BEEN INVOLVED IN ANY OCCULTIC, CULTIC OR NON-CHRISTIAN RELIGIOUS PRACTICES _____

WHICH OF THE FOLLOWING HAVE YOU STRUGGLED WITH IN THE PAST OR ARE YOU STRUGGLING WITH PRESENTLY?

___ DAYDREAMING

___ LUSTFUL THOUGHTS

___ THOUGHTS OF INFERIORITY

___ THOUGHTS OF INADEQUACY

___ WORRY

___ DOUBTS

___ FANTASY

___ OBSESSIVE THOUGHTS

___ INSECURITY

___ BLASPHEMOUS THOUGHTS

___ COMPULSIVE THOUGHTS

___ DIZZINESS

___ HEADACHES

WHICH OF THE FOLLOWING EMOTIONS HAVE YOU HAD DIFFICULTY CONTROLLING OR ARE YOU PRESENTLY HAVING DIFFICULTY CONTROLLING?

- | | |
|-------------------|--------------------------------|
| ___ FRUSTRATION | ___ FEAR OF DEATH |
| ___ ANGER | ___ FEAR OF LOSING YOUR MIND |
| ___ LONELINESS | ___ FEAR OF COMMITTING SUICIDE |
| ___ ANXIETY | ___ FEAR OF HURTING LOVED ONES |
| ___ WORTHLESSNESS | ___ DEPRESSION |
| ___ HATRED | ___ BITTERNESS |

MORAL CLIMATE

DURING THE FIRST 18 YEARS OF YOUR LIFE, HOW WOULD YOU RATE THE MORAL ATMOSPHERE IN WHICH YOU WERE RAISED:

	OVERLY PERMIS- SIVE	PERMIS- SIVE	AVERAGE	STRICT	OVERLY STRICT
CLOTHING	5	4	3	2	1
SEX	5	4	3	2	1
DATING	5	4	3	2	1
MOVIES	5	4	3	2	1
MUSIC	5	4	3	2	1
LITERATURE	5	4	3	2	1
FREE WILL	5	4	3	2	1
DRINKING	5	4	3	2	1
SMOKING	5	4	3	2	1
CHURCH ATTENDANCE	5	4	3	2	1

MEDICAL HISTORY

EVER HAD OPERATIONS, IF SO, FOR WHAT REASON AND YOUR AGE AT THAT TIME _____

HOSPITALIZATION FOR EMOTIONAL ILLNESS YES____ NO____ WHY _____

DIAGNOSIS, DATE, DISCHARGE STATUS _____

FORM OF TREATMENT _____

CURRENTLY UNDER CARE OF DOCTOR _____ OR PSYCHIATRIST _____

ON DRUG THERAPY _____ DATE _____ DISCHARGED _____

SUBJECT TO DEPRESSION _____ FREQUENCY _____

DURATION _____

DIAGNOSED AS PMS _____

DO YOU HAVE ANY ADDICTIONS OR CRAVINGS THAT YOU FIND DIFFICULT TO CONTROL (SWEETS, DRUGS, ALCOHOL, ETC.) _____

WERE YOU EVER ON STREET DRUGS _____ HOW LONG _____

ARE YOU STILL ON THEM _____

HAVE YOU BEEN AN ALCOHOLIC _____ CURRENTLY _____

YES NO

_____ Have you ever visited a fortuneteller who told your fortune by the use of cards, tea leaves, palm readings, and so on?

_____ Do you read or follow a horoscope?

_____ Has anyone ever hypnotized you? Who? _____

_____ Have you ever practiced yoga or done exercises related to yoga?

_____ Have you ever had a life or reincarnative reading?

_____ Have you consulted a ouija board, planchette, cards, tea leaves, crystal ball, and such like?

_____ Have you played with the so-called 'games' of an occult nature? (ESP, Telepathy, Kabala, Dungeons and Dragons, etc.)

_____ Have you ever consulted a medium?

_____ Have you ever sought healing through magic or through a Spiritualist, Christian Scientist, or anyone who practices 'spirit healing' psychic healing, hypnosis, metaphysical healing, use of the pendulum or trance for diagnosis, or any other occult means?

_____ Have you been to a chiropractor who treats through the use of ying and yang, the universal life forces in the spine?

_____ Have you ever sought to locate missing objects or persons by consulting someone who has psychic, clairvoyant, second sight, or psychometric powers?

_____ Have you ever practiced table-lifting, levitation, or automatic writing?

_____ Have you ever been given or worn an amulet, talisman or charm for luck or protection?

_____ Have you, or has anyone for you, practiced water witching using a twig or pendulum?

- ___ ___ Do you read or possess occult or spiritualist literature, e.g., books on astrology, interpretation of dreams, metaphysics, religious cults, self-realization, fortune telling, magic ESP, clairvoyance, psychic phenomena?
- ___ ___ Do you often have nightmares or frightening dreams? Have you ever been "guided" by a dream?
- ___ ___ Have you experimented with or practiced ESP or telepathy? Have you ever "thought" at a person or tried to make them call or write you by your thoughts?
- ___ ___ Have you ever practiced any form of magic charming or ritual?
- ___ ___ Do you possess any occult or pagan religious objects, relics, or artifacts which may have been used in pagan temples and religious rites, or in the practice of sorcery, magic, divination, or spiritualism?
- ___ ___ Have you ever had your handwriting analyzed, practiced mental suggestion, cast a magic spell, or sought psychic experience?
- ___ ___ Have you ever belonged to the Masons, Demolay, Job's Daughters?
- ___ ___ Have you been involved in a lodge or organization requiring rituals for membership?
- ___ ___ Do you see auras?
- ___ ___ Do you ever 'feel' an evil presence?
- ___ ___ Have you ever been visited by a demon or an evil spirit?
- ___ ___ Have you ever gone in any temple or building that was not Christian (Buddhist temple, Mormon temple, etc.)?
- ___ ___ Have you ever been involved in any group involved in rebellion or terrorism?
- ___ ___ Have you had negative things or curses spoken over you?
- ___ ___ Does your name have any particular significance as to family tradition or cultural/national heritage?
- ___ ___ Did your parents wish you were of the opposite sex?
- ___ ___ Have you read literature by Jean Dixon?
- ___ ___ Have you read literature by Edgar Cayce?
- ___ ___ Have you been involved in satan worship?
- ___ ___ Have you ever practiced Astral projection?
- ___ ___ Have you been involved in white magic: doing good things through the control of psychic and supernatural power?

___ ___ Have you been involved in black magic: psychic control through curses, use of the black arts, or any demon power for the purpose of harm?

___ ___ Have you ever been involved in or attended any of the Eastern religions?

___ Buddhism

___ Transcendental Meditation

___ Hinduism

___ Meher Baba

___ Shintoism

___ Hare Krishna

___ Islam

___ Any Guru

___ Rosicrucian

___ The Riddle of Reincarnation

___ Baha'i

___ Bhagwan Shree Rajneesh

___ Zen Buddhism

___ ___ Have you ever been involved in or attended meetings conducted by modern cults, such as:

___ Mormons

___ Christian Science

___ Theosophy

___ Unity

___ Unitarian

___ Jehovah's Witnesses

___ The Way

___ FORUM(E.S.T.)

___ Eckankar

___ Silva Mind Control

___ Children of God

___ Scientology

___ Unification Church

___ ___ You end up places, but do not know how you got there?

___ ___ Does your handwriting change?

___ ___ Do you have frequent headaches?

___ ___ Have people accused you of often lying (especially as a child)?

___ ___ Have you found things you do not remember purchasing?

___ ___ Do you have or have you ever had pains in your chest?

___ ___ Do you have difficulty trusting people?

- ___ ___ Have you ever been told "I can't tell"?
- ___ ___ Have you been told you were special or chosen?
- ___ ___ Did you have a keen interest in sex before puberty?
- ___ ___ Do you have a fear of bathrooms or bathtubs?
- ___ ___ Have you had dreams with candles, hooded figures, or snakes ?
- ___ ___ Was your favorite color of clothing in high school black, orange, green or red?
- ___ ___ Do you have a tendency to tuck yourself in carefully at night?
- ___ ___ Do you feel people are watching you all the time?
- ___ ___ As a child did you believe there were monsters in the closet or under the bed?
- ___ ___ My birthday is a good day?
- ___ ___ Do you have difficulty taking communion?
- ___ ___ Are you afraid of men, doctors, or authority figures?
- ___ ___ Are you generally afraid of the dark or of the night?
- ___ ___ Are you afraid of being alone?
- ___ ___ Have you ever heard voices? What do they say to you?_____
- ___ ___ Have you had any unusual eating habits?
- ___ ___ Do you regularly wake up at 12:00 or 3:00?
- ___ ___ Have you ever done table lifting?
- ___ ___ Do you have difficulty with using curse words or is there a curse word that regularly comes to your mind?
- ___ ___ Do you have the ability to know before the phone rings that it is going to ring and who will be on the phone or that the door bell will ring and who will be at the door?
- ___ ___ Can you read other peoples minds?
- ___ ___ Can you project your thoughts to others?
- ___ ___ Have you had an abortion?
- ___ ___ Are you adopted?

- ___ ___ Have you made any blood pacts?
- ___ ___ Have you ever felt you have had sex with a demon (incubus or succabae)?
- ___ ___ Have you suddenly had a feeling that you wanted to commit suicide?
- ___ ___ Have you ever had choking sensations or pains which seem to move and for which there is no medical cause?
- ___ ___ Have you viewed X-rated movies?
- ___ ___ Have you ever had iris diagnosis, color therapy, or peditherapy?
- ___ ___ Have you looked at pornography?
- ___ ___ Do you have a tendency to be a perfectionist?
- ___ ___ Do you have a tendency to want items to be in a neat state?
- ___ ___ Do you print precisely at times or write and then go to printing and then write again?
- ___ ___ Have you ever wanted to cut yourself or have you ever cut yourself?
- ___ ___ Have you ever lost any time?
- ___ ___ Have you found yourself explaining why you are somewhere because you did not know how you got there?
- ___ ___ Have you or any of your family members been involved in the Masons?
- ___ ___ Have you been out of the country as a soldier of the military?
- ___ ___ Have you been out of the country on a mission trip?
- ___ ___ Are you or have you been a member of any fraternity or sorority?
- ___ ___ Have you read any Harry Potter Books?
- ___ ___ Have you been involved with Pokemon material?
- ___ ___ Do you play video games?
- ___ ___ Have you had a blood transfusion?
- ___ ___ Have you or your spouse used an IUD?
- ___ ___ Have you given blood?

I understand this document will be seen only by the Prayer Minister and your therapist.

Signature

Date

INFORMED CONSENT FOR DELIVERANCE

I, _____, have been informed that the ministry of deliverance is a ministry based in religious belief and is not recognized by the secular field of psychology as a method for the resolution of psychological problems.

I further understand that the session will be conducted by a trained prayer minister. There will also be intercessors present who will be praying for me throughout the session for God's healing and direction.

I recognize that this step of faith has been helpful for many but has not been scientifically proven. I understand that I might experience heightened emotions and memories that were previously unknown or unresolved, that neither I nor anyone else knew about in advance. I understand that there is a possibility that one or more of these memories may be screened or false. I will not hold any of the participants responsible for my memories or behaviors.

I give my consent for deliverance, and am in no way being forced, pressured, or coerced to submit to this procedure from any person or entity. I also have the right to terminate the session at any time without penalty.

I do understand that if I give any indication that I am currently suicidal or if there is new information about a current molestation of a minor that the prayer minister will report this immediately to legal authorities.

My signature is an acknowledgment that I have been informed of my rights and have had the opportunity to obtain whatever information or professional advice I deemed necessary or appropriate prior to undergoing deliverance.

Date _____ **Client's Signature**