

CONSENT FORM: Personal History Questionnaire

AGREEMENT FOR PRAYER MINISTRY

This ministry is called prayer ministry. It is not professional counseling. We work with you only as you choose to work with us. We are strictly Christians seeking the Lord in prayer on your behalf.

God has seen fit to work with and through us in moving people toward freedom from spiritual, emotional, and even physical problems. Therefore, it is our expectation that He will help you through our time together. But we cannot control God or promise what He will do. We can only promise that we will do our best to work with God for your good and God's glory.

In this kind of prayer ministry the Holy Spirit reveals the "root" of a problem and then heals at a deep level. The prayer ministers only facilitate this process, God does the work. Often additional work is necessary for a person to attain the complete freedom he/she and God desire. It may be advisable for the person to receive help from a professional counselor as well. We strongly advise this, especially in dealing with dysfunctional habits. It is always advisable for the person to actively pursue spiritual disciplines such as church attendance, prayer, Bible study and worship.

We are committed to keeping confidential whatever you share with us. However, we are required by law to report the following.

1. Any intent of a person to take harmful, dangerous, or criminal action against another person or against him/herself, OR
2. Any act of child or elderly abuse or neglect.

If it appears that such notification needs to be given, that intention will be shared with you first.

In order to provide the appropriate legal protection, we ask that each person sign the following Statement of Release.

I hereby release Sacramento Christian Healing Ministry and Real Life Church from any liability should this ministry session not live up to my expectations or lead to any spiritual, emotional, or physical dysfunction.

Signed Client _____ **Print Name** _____

Date _____ **Email** _____ **Phone** _____

Prayer Minister Signature _____ **Date** _____

INTAKE FORM: Personal History Questionnaire

PERSONAL HISTORY QUESTIONNAIRE

Please answer in a different type font, in caps or in legible handwriting

Name _____ Sex _____ Age _____

Address _____

Occupation _____ Education (highest grade completed) _____

Were you raised by anyone other than your parents? Briefly explain

Older Siblings: _____ Younger Siblings: _____
brothers _____ sisters _____ brothers _____ sisters _____

MARRIAGE INFORMATION

Marital status _____ Name of spouse _____

Your spouse's age _____ Occupation _____

Date of marriage _____ Your ages when married: Husband _____ Wife _____

Any previous marriages? _____ Husband _____ Wife _____

Give information about any previous marriages: _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse _____ Length of engagement _____

Have you ever been separated? _____ When? _____ How long? _____

Have either of you ever filed for divorce? _____ When? _____ Who? _____

INFORMATION ABOUT CHILDREN

NAME	Age	Sex	Living (Yes/No)	Marital Status
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1)

2)

3)

4)

Have you had any miscarriages/abortions Yes/No Which? _____

PARENTS' RELATIONSHIP

Parents presently married/divorced? _____ Alive or deceased? _____

Any step-parents _____ Adoption? _____

Was there a sense of security and harmony in your home growing up?

PERSONAL HISTORY QUESTIONNAIRE

How was authority exercised in your home? Which parent was in charge and how did he/she operate? _____

How was affection shown between your parents and toward you? _____

Are you aware of any adultery or incest in your family or that of your grandparents? _____

Have any of your parents, grandparents or great-grandparents ever been involved in any occultic, cultic or non-Christian religious practices? _____

Were your parents Christians and did they profess and live their Christianity? _____

FAMILY HEALTH

Any addictions in your family (e.g. alcohol, drugs, gambling, eating disorders)? _____

Any history of mental or emotional illness? _____

Any history of the following?

____ Tuberculosis ____ Heart disease ____ Diabetes_
____ Cancer ____ Ulcers ____ Glandular problems
____ Epilepsy Other Major Conditions? _____

Describe your family's concern for:

Diet _____ Exercise _____ Rest _____

HEALTH INFORMATION

Physical:

Rate your health (circle) Very good / Good / Average / Declining / Poor

Your approximate weight _____ lbs. Changes recently: Lost _____ Gained _____

Approximately how many hours of sleep do you get a night? _____

Do you nap during the day? _____

Do you take time for regular periods of rest, relaxation and exercise _____

List all important present or past illness or injuries or handicaps _____

Date of last medical examination _____ Report _____

Are you presently taking medication? Yes/No What? _____

Have you used drugs for other than medical purposes Yes/No

What? _____

PERSONAL HISTORY QUESTIONNAIRE

Describe your eating habits (i.e. are you a junk food or health food addict, do you eat regularly or sporadically, is your diet balanced _____

Do you have addictions or cravings you find it difficult to control (sweets, drugs, alcohol, food, sex?) _____

MENTAL/EMOTIONAL:

Have you ever had a severe emotional upset? Yes/No, Explain _____

Have you ever had any psychotherapy, counseling or prayer ministry? Yes/No

If yes, which? _____ When? _____

What was the outcome? _____

Have you seriously desired to be someone else? _____

Or to escape life and not exist? _____

Or to live in another time/place? _____

Have you feared that you might go insane? Yes/No _____

How much time do you spend weekly watching TV? _____

List your 5 favorite TV programs _____

How much time do you spend a week reading? What do you read (newspaper, magazines, books?) _____

How much do you listen to music? What kind(s)? _____

Check and explain presence of any of the following:

___ **Shame**

___ Guilt

___ Deception (Lies)

___ **Fear**

___ Worry

___ Anxiety

___ Panic

___ **Rejection**

___ Abandonment

___ Neglect

___ Self Rejection

___ **Control**

___ **Performance**

___ **Unwantedness**

___ **Anger**

___ Bitterness

___ Resentment

___ Depression

___ **Hatred**

___ Self Hatred

___ **Lust**

___ Fantasy

___ Pornography

___ Adultery

___ **Death Thoughts**

___ Suicide

___ Death Wish

___ **Abuse**

___ **Unworthiness**

___ Inadequacy

___ Insecurity

___ Inferiority

___ **Blasphemous**

___ **Pride**

___ Arrogance

___ **Rebellion**

___ **Doubt**

___ Skepticism

___ **Loneliness**

___ **Compulsiveness**

___ Addictions

___ **Confusion**

Other _____

Is there anyone you can tell exactly how you feel about yourself, life and other people?

PERSONAL HISTORY QUESTIONNAIRE

Are you emotionally honest with God? Yes/No Explain _____

Have you ever been arrested? Yes/No Why? _____

RELIGIOUS BACKGROUND

Denominational preference _____

What church do you presently attend? _____

Who is the pastor? _____

Church attendance (times per month): 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood _____ Baptized? Yes/No

Religious background of spouse _____

Do you consider yourself a religious person? Yes/No/Uncertain

Do you pray to God? Yes/No/Uncertain

If you were to die right now are you certain you would go to heaven? Yes/No

What is the basis for answering the preceding question as you did? _____

Are you saved? Yes/No/Not sure what you mean

Are you plagued with doubts concerning your salvation? Yes/No

How much do you read the Bible? Never/Occasionally/Often

Do you pray regularly? Yes/No

Do you find praying difficult? Explain _____

Do you have a regular personal time with God? Yes/No

Do you have a regular family devotions? Yes/No

When attending Christian meetings are you plagued with foul thoughts, jealousies or other mental harassment? Explain _____

Explain recent changes in your Christian experience, if any _____

Have you ever been involved either in reading or in practice with metaphysics

Explain _____

Have you ever taken a class or read books on parapsychology?

Have you ever heard voices in your mind?

Describe any other experiences you may have had that would be considered out of the ordinary

Have you had any experience in the following cults and religions. Explain: _____

PERSONAL HISTORY QUESTIONNAIRE

Occult

- Astral Projection
- Ouija Board
- Table Lifting
- Speaking in Trance
- Automatic Writing
- Visionary Dreams
- Telepathy
- Clairvoyance
- Fortune Telling
- Tarot Cards
- Healing Magnetism
- Palm Reading
- Blood Pacts
- Astrology
- Rod and Pendulum
(dowsing)
- Amateur Hypnosis
- Magic (black or white)

Cults

- Christian Science
- Unity
- Scientology
- The Local Church
- The Way International
- Unification Church
- Unitarianism
- Jehovah's Witness
- Children of God
- Mormonism
- Freemasonry
- New Age
- Worldwide Church of God
(Armstrongism)
- Other Non Christian Religion

Religion

- Zen Buddhism
- Hare Krishna
- Baha'ism
- Rosicrucianism
- Science of Mind
- Silva Mind Control
- Eckkantar
- EST
- Trancendental
Meditation
- Islam
- Black Muslim
- Hinduism
- Yoga
- Theosophy

BARRIERS TO FREEDOM

Deception vs Truth (study 1 John 1:4-2:2)

Are you aware that you have been believing any lies concerning life, yourself, others, etc. ?
Explain _____

Are you aware of any self-deceptions such as

- Denial of reality
- Fantasy escape
- Attempts to identify self as someone else
- Emotional Passivity
- Attempt to retreat to earlier stage of life
- Venting feelings on people weaker than those who hurt you.

Are you given to defending yourself by:

- Covering up your weaknesses by overdoing strengths
- Blaming others for your own problems
- Rationalization to justify yourself

PERSONAL HISTORY QUESTIONNAIRE

Bitterness vs Forgiveness (study Eph 4:31)

Ask God to bring to mind every relationship where there are feelings of resentment or bitterness and list them. Include God.

Ask God to reveal to you every person you need forgiveness from and list them

Rebellion vs Submission (study Rom 13:1-5)

Examine yourself with regard to any rebelliousness in relation to each of the following. Notice that each passage promises a blessing for a submissive response.

1. Civil government (1 Tim 2:1-3; 1 Pet 2:13-16)
2. Parents (Eph 6:1-3)
3. Husband (1 Pet 3:1-3)
4. Employer (1 Pet 2:18-21)
5. Church leaders (Heb 13:17)

Record any thoughts that come to you in this regard: _____

Pride vs Humility (study James 4:6-10)

Examine yourself to see if you are consciously or unconsciously seeking your will more than God's. Record below any thoughts that come to you in this regard

Bondage vs Freedom (study Gal 5:1)

Examine yourself in the light of the following passages:

Rom 1:24-31

1 Cor 6:9-11

Gal 5:19-21

Rev 21:8, 22:15

Record any thoughts that come to your mind in this regard: _____

PERSONAL HISTORY QUESTIONNAIRE

FOUR IMPORTANT QUESTIONS

In your own words describe and evaluate your problems?

What have you done about it?

What are your expectations in coming to us for ministry?

Is there any other information we should know?
