Date: _____

CONFIDENTIAL DOCUMENT

CLC Inner Healing Ministry – Prayer Ministry Questionnaire

Contact Information:

Name _____ Birth Date_____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____ Gender: ☐ Male ☐ Female

Have you experienced deliverance ministry before? ☐ Yes ☐ No

How did you hear about the Inner Healing Ministry? _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

How many times have you been married? _____ Spouse's name:_____

Describe your current marital status _____

Are you currently the victim in an abusive relationship? ☐ Yes ☐ No

Spiritual Status:

Are you a "born again" Christian? ☐ Yes ☐ No ☐ Not Sure

When were you born again? _____

Do you have assurance of your salvation? ☐ Yes ☐ No ☐ Not Sure

Have you been baptized? ☐ Yes ☐ No Do you have your prayer language? ☐ Yes ☐ No

Do you attend church? ☐ Yes ☐ No If yes, where do you attend?

_____

Are you experiencing any difficulty with the following? ☐Bible Study ☐Prayer ☐Worship ☐Spiritual Gifts

Describe concerns:

_____

Are you ready to be set free and change any habits that are related to your circumstances? ☐ Yes ☐ No

Are you ready to forgive those who hurt you and repent of your sins? ☐ Yes ☐ No

Personal Status:

Have you been previously diagnosed by a professional counselor? ☐ Yes ☐ No

If yes, what was the diagnosis?

_____

List any current prescription medication and health concerns:

_____

_____

Do you use either prescription or non-prescription drugs to help you sleep? ☐ Yes ☐ No

Have you ever had a nervous breakdown? ☐ Yes ☐ No If yes, when? _____

Do you suffer from panic or anxiety attacks? ☐ Yes ☐ No Frequency? _____

Have you ever been raped as an adult? ☐ Yes ☐ No If yes, when? _____

What is your greatest fear in relationships?

_____

Are you easily angered? ☐ Yes ☐ No Do you feel rejected often? ☐ Yes ☐ No

Are you easily offended? ☐ Yes ☐ No Is it difficult for you to forgive? ☐ Yes ☐ No

Do you have problems making decisions and staying with your decision? ☐ Yes ☐ No

Have you ever heard voices from the inside, especially under stress? ☐ Yes ☐ No

Do you have any difficulty remembering the first ten years of your life? ☐ Yes ☐ No

Describe any large memory gaps:

_____

Does your handwriting change or go from printing to cursive? ☐ Yes ☐ No

Describe any emotional traumas that placed you in survival mode:

_____

_____

Have you ever been injured in an automobile or other vehicle accident? ☐ Yes ☐ No

Family of Origin:

Where were you raised? _____

How many siblings did you have? _____ Where were you in birth order? _____

Describe any issues with siblings_____

Describe your relationship with your father.

_____

_____

Describe your relationship with your mother.

_____

_____

Please check off any items that apply to your childhood and any items that are a current concern:

	Childhood	Current		Childhood	Current
Night Terrors	☐	☐	Alcoholism	☐	☐
Bed Wetting	☐	☐	Drug Addiction	☐	☐
Sleep Walking	☐	☐	Eating Disorders	☐	☐
Learning Difficulties	☐	☐	Abandonment / Neglect	☐	☐
Adoption	☐	☐	Physical Abuse	☐	☐
Religious Rigidity	☐	☐	Sexual Abuse	☐	☐
Parental Divorce	☐	☐	Spiritual Abuse	☐	☐
Removed From Home	☐	☐	Verbal / Emotional Abuse	☐	☐

To your knowledge, did you experience molestation, incest or inappropriate touch as a child?

☐ Yes ☐ No If yes, who hurt you? _____

Have you ever been subjected to occult ritual abuse? ☐ Yes ☐ No

Did your parents lean on you for support? ☐ Yes ☐ No Describe: _____

Did your parents wish you were of the opposite sex? ☐ Yes ☐ No

On a scale from 1-10 was your childhood home cold and unloving or warm and very loving?

Cold/Unloving 1 2 3 4 5 6 7 8 9 10 Warm/Loving

Are there any family members you don't feel loved by?

_____

Have you ever used street drugs? Please List:

_____

Do you struggle with cravings or addictions? Please describe:

_____

Check the items below that are a concern for you personally:

☐ Daydreaming
☐ Inferiority
☐ Unworthiness
☐ Insecurity
☐ Lustful Thoughts
☐ Shame
☐ Worry
☐ Fear
☐ Doubt
☐ Unbelief
☐ Anxiety
☐ Stress
☐ Compulsions
☐ Anger
☐ Dizziness
☐ Headaches
☐ Obsessive Thoughts

☐ Hatred
☐ Bitterness
☐ Depression
☐ Fear of Losing Mind
☐ Frustration
☐ Impatience
☐ Distrust
☐ Fear of Death
☐ Vengeance
☐ Uncontrollable Rage
☐ Violence
☐ Murderous Thoughts
☐ Guilt
☐ Deathwish
☐ Self Mutilation
☐ Suicidal Thoughts
☐ Perfectionism
☐ Swearing
☐ Lying
☐ Gambling
☐ Pornography
☐ Alcoholism
☐ Shopping
☐ Anorexia
☐ Bulimia
☐ Workaholic
☐ Homosexuality
☐ Over Eating
☐ Tobacco
☐ Marijuana
☐ Money

Have you ever had an abortion? _____ If so, how many? _____ When? _____

Have you viewed X-Rated movies or pornography? ☐ Yes ☐ No

Involved in prostitution? ☐ Yes ☐ No

Family Heritage:

Were your ancestors of European royal descent? ☐ Yes ☐ No

Were Gypsies in the family? ☐ Yes ☐ No Do you have American Indian ancestors? ☐ Yes ☐ No

Please describe your family lineage:

_____

_____

Does your name have any particular significance as to family tradition or cultural/national heritage?

_____

_____

To your knowledge, have your parents, grandparents or great-grandparents ever been involved in any cult, occult, New Age or non-Christian religious practices? ☐ Yes ☐ No If yes, please describe:

_____

What religion did your parents practice? _____

Grandparents? _____

Please check off any items listed below that apply to you or any member of your family including siblings, aunts and uncles, cousins, etc.

☐ Mormonism
☐ Catholicism
☐ New Age Movement
☐ Freemasonry
☐ Jesuit or Benedictine Order
☐ Hare Krishna
☐ Shriners
☐ Knights of Columbus
☐ Buddhism
☐ Rainbow Girls
☐ House of Theosophy/Thule
☐ Hinduism
☐ Jobs Daughters
☐ Nazism
☐ Islam/Muslim
☐ Eastern Star
☐ Unity Church
☐ Satanism
☐ Daughters of Isis
☐ Christian Science
☐ Santeria or Voodoo
☐ DeMolay
☐ Baha'
☐ Native Spiritism
☐ Rosecrucianism
☐ Scientology
☐ Wicca or Druidism
☐ Ku Klux Klan
☐ Mafia or gang involvement
☐ Martial Arts

Please list any other practices not listed above: _____

Is there any family history of suicide? ☐ Yes ☐ No If yes, whom? _____

Are any of the following in the family line: ☐ Schizophrenia ☐ Bi-Polar Disorder ☐ Depression ☐ MPD

Personal Spiritual Inventory:

What spiritual experiences have you had that would be considered out of the ordinary?

_____

_____

Do you regularly wake up at 12:00 or 3:00? ☐ Yes ☐ No

Have you ever felt you have had sex with a demon (incubus or succubus)? ☐ Yes ☐ No

Have you ever had choking sensations or pains which seem to move and for which there is no medical cause? ☐ Yes ☐ No If yes, explain: _____

Have you participated in any occult activities including childhood games? Check all that apply.

☐ Ojai Board
☐ Psychic Reading
☐ New Age Fair
☐ Crystal Ball Reading
☐ Palm Reading
☐ Channeling
☐ Séance
☐Astrology/Horoscopes
☐ Levitation
☐ Astral Travel
☐ Yoga
☐ Transcendental Meditation
☐ Chanting
☐ Voodoo
☐ Clairvoyance
☐ Divination
☐ Telepathy
☐ Telekinesis
☐ Numerology
☐ Automatic writing
☐ Witchcraft
☐ Wicca
☐ Paganism
☐ Spell Casting
☐ Hypnosis

☐ Self Hypnosis
☐ Mind Control
☐ Blood Pacts
☐ Curses
☐ Vows
☐ Covenants
☐ Table Tipping
☐ Kabala

☐ Water witching
☐ Harry Potter
☐ Dungeons & Dragons
☐ Pendulum
☐ Runes
☐ Amulets/Charms

☐ Tea Leaf Readings
☐ ESP
☐ Edgar Cayce
☐ Metaphysics
☐ Magic
☐ Pokémon
☐ Auras

☐ Jean Dixon
☐ Martial Arts
☐ Tarot Cards
☐ Shamanism
☐ Indian Spiritism
☐ Light as a Feather

Have you been inside a Buddhist or Mormon temple or any type of Lodge for a secret society?
☐ Yes ☐ No

Have you had treatment from alternative medicine providers? ☐ Yes ☐ No

If yes, please describe:
_____

Have you served in the military overseas? ☐ Yes ☐ No
Where? _____ When? _____

Are experiences you had in the military causing nightmares or problems for you today? ☐ Yes ☐ No

Specifically which issue would you like to begin addressing at your first meeting?
_____
_____
In order of priority what other issues do you wish to address:
1._____
2._____
3._____
4._____

Please list any questions or concerns you would like to address before ministry begins:
_____
_____