

Christian Healing Ministries, Inc.

PERSONAL INTAKE FORM CONFIDENTIAL

(please use black ink to fill out form)

Date: _____

Full Name: _____

Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Fax: _____

Occupation: _____

Email address: _____

Name of Church: _____ Denomination: _____

Degree(s): Grades Completed _____ Bachelor's _____ Master's _____

Other _____

Spouse's first name: _____

Number of children: _____ Name(s) and age(s): _____

I was referred by: _____

Have you been in counseling? If yes, give details

Briefly describe what brings you to prayer ministry now?

Check the issues that pertain to you: rate degree of stress/urgency for applicable areas, 1 (low) to 5 (high).

- | | | |
|--------------------------------|------------------------|------------------------------|
| _____ Depression | _____ Chronic Illness | _____ Sexual Identity Issues |
| _____ Marital Problem | _____ Anger | _____ Homosexual |
| _____ Drug Addictions | _____ Insomnia | _____ Physical Abuse |
| _____ Eating Disorder | _____ Alcoholism | _____ Sexual Abuse |
| _____ Grief/Loss | _____ Low Self-Esteem | _____ Emotional Abuse |
| _____ Occult Oppression | _____ Career Decision | _____ Relationships |
| _____ Workaholism | _____ Financial Crisis | _____ Loneliness |
| _____ Unforgiveness/Bitterness | | _____ Excessive Anxiety/Fear |

Other crisis (describe briefly):

Describe your support system.

Have you had any major surgeries, illnesses or accidents? If so, please describe.

Are you under a doctor's care now? For what?

What prescription medication(s) are you currently taking? For what?

How do you spend your leisure time?

Spiritual History
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Religious background in childhood (describe briefly).

Are you a Christian? yes no uncertain

If yes, I consider myself to be:

	1	2	3	4	5	6
	committed					detached

Church involvement:

	1	2	3	4	5	6
	very active					detached

The following symptoms *may* indicate spiritual oppression. Please check any that relate to your experience.

- Psychic abilities, clairvoyance, divination; feeling of having “special powers.”
- Inward perception of a separate personality, name or voice.
- Fearful, repetitive night visitations by an evil presence.
- Difficulty participating in prayer; agitation, nausea, anger, rebellion, etc.
- Uncontrolled thoughts/impressions; e.g., sexual perversion, cursing, violence.
- Uncontrollable compulsive behaviors: sexual sin, anger, chemical indulgence.
- Preoccupation with thoughts of death, despair and hopelessness.
- Uncontrollable, irrational, paralyzing fear.
- Unusual, non-typical emotional expressions, e.g., laughter, sadness, crying, anger.
- Extreme nervousness or negative reactions at the mention of the name of Jesus.

Please describe any additional factors that led you to suspect spiritual oppression.

Emotional History
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Check all that apply.

_____ I don't remember being loved physically as a child (hugs, being held, etc.)

_____ My parents divorced when I was a child. I was _____ years old.

_____ I had no father growing up because of (circle one) death / divorce / preoccupation.

_____ One of my parents/friends committed suicide. I was _____ years old.

_____ I suffered abuse from a non-parental family relationship. Please identify the relationship.

_____ I was sexually abused as a child. By whom?

Please explain some of your feelings.

_____ I had (have) a physical/mental abnormality that brought ridicule from peers.

_____ I experienced a severe trauma (e.g., house fire, accident, tragedy). Please explain.

_____ I was verbally abused as a child. Please describe some of your feelings.

_____ I was given up as a child for adoption. Please describe some of your feelings.

_____ I have had an unhappy marriage.

_____ I had an alcoholic parent.

_____ I have felt abandoned by friends. Please describe some of your feelings.

_____ I suffer with low self-esteem. Please describe some of your feelings.

_____ I have had one or more abortions. How many? _____

_____ I have had one or more miscarriages? How many? _____

_____ Do you have clear memories of your childhood

_____ Is most of childhood memory what you been told?

_____ Do you ever lose blocks of time that you cannot account for?

_____ Do you have dreams about people surrounding you?

Client's Rights/Informed Consent

I, _____ (print name), understand that my personal files are protected as 'CONFIDENTIAL'. As such, identifying specific details of my file may not be disclosed to others without my written consent except as specified by Florida law: 1) as required by subpoena or court order in legal proceedings, 2) when not to do so would potentially result in physical harm to myself or others, 3) to report any disclosure/suspicion of child/elderly neglect or abuse (physical or sexual). Also, I further understand that Christian Healing Ministries, Inc. is a prayer ministry center and not a counseling or therapeutic center.

I also understand that this ministry uses the services of volunteer prayer ministers who have completed Christian Healing Ministries training program. As such, they are required to consult periodically with the Director of Prayer Ministers or other staff. I give my permission for my prayer ministers to discuss my prayer needs with the appropriate staff as necessary. If it is necessary for me to receive prayer for four or more appointments, I give the Director of Prayer Ministers and my prayer minister's permission to evaluate my needs for future ministry. Names and specific identifying characteristics will not be routinely discussed/disclosed except where referral to other care/treatment is indicated. If I have any questions concerning my prayer minister's training, experience or qualifications, I have the right to question them and/or the Director of Prayer Ministers or the Associate Director or Prayer Ministry.

I also understand that this ministry has a limited number of prayer ministers that occasionally must cancel for extenuating circumstances. In the event that my prayer minister must cancel without advanced notice, I agree to either reschedule my appointment or take the next available prayer ministry time.

I also understand that I am protected by law from any sexual advances or harassment while undergoing ministry. If at any time I feel offended by anything my prayer minister asks, says or does, I acknowledge that it is my responsibility to tell him and/or her. If the behavior does not stop immediately, and if the circumstances of the offensive words/actions are such that I am uncomfortable confronting the prayer ministers directly, I also acknowledge that it is my responsibility to report it immediately to the Director of Prayer Ministers or the Associate Director of Prayer Ministry.

I understand that because Christian Healing Ministries is a prayer ministry and not a counseling or therapeutic center, Christian Healing Ministries does not routinely keep detailed records and will not provide information for lawyers, or for disability claims or for similar matters.

Signature of Client

Date

Signature of parent/guardian if person seeking ministry
is not 18 years or older

Date