

PRAYER MINISTRY

CONFIDENTIAL PERSONAL INVENTORY

ALL INFORMATION CONTAINED HEREIN WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE AND NOT SHARED WITH ANYONE OTHER THAN OUR MINISTRY STAFF, WITHOUT YOUR WRITTEN PERMISSION! YOUR FILE WILL BE KEPT IN A SECURE LOCKED FILING CABINET WHERE IT CAN BE MONITORED BY OUR STAFF, BEFORE YOUR INFORMATION CAN BE SHARED WITH ANOTHER DOCTOR OR CONSELOR OUTSIDE THIS MINISTRY, WE WILL HAVE TO HAVE YOUR WRITTEN PERMISSION!

If more space is needed to write your answers, use the back of the same sheet include the PART NUMBER and QUESTION NUMBER for your answer.

Date _____ Age _____ Phone: Home _____ Work _____ Email _____
Name _____ Address _____
City _____ State _____ Zip _____ Church Affiliation _____
Present Pastor's Name: _____ Permission to contact present pastor, yes ___ no ___
School: Highest grade completed _____ Degrees earned _____ Marital status _____
Children: (names & ages): _____
If a previous marriage/divorce: _____ Children (names & ages) _____
Vocation: Past _____ Present _____ Referred by: _____
Previous counseling by (person's name, title and year) _____

Permission to contact previous counselors: Yes _____ No _____
Person to contact in case of emergency _____ Phone _____

PART I: Personal Goals in Receiving Ministry

1. What do you hope to accomplish or changed in your life by coming here? What is your goal?
2. Explain how you see the problem?
3. What is your best guess as to why this problem is happening to you?
4. Which of the above issues is most pressing at the present time and why is that so?
5. Is there a crisis issue we should be concerned at the present time? Yes ___ No ___.

PART II: Family History or Background

1. With whom are you now living?
2. Are you adopted? Yes ___ No ___ Unsure ___. **If yes, Explain:**
3. How many brothers and sisters do you have? ___ Brothers ___ Sisters.
4. Is your mother living? Yes ___ No ___ is your father living? Yes ___ No ___.
5. Describe your parents as individuals, give 3 words to describe each:
 - a. Give three words that describe your **father**: 1 _____ 2 _____
3 _____
 - b. Give three words that describe your **mother**: 1 _____ 2 _____
3 _____
5. Was your **father** clearly the head of the home, or was there a role reversal in which your mother ruled the home?
Explain:
6. Is there a **family secret** that everyone agrees not to discuss or disclose? Yes ___ No ___ Unsure ___, **Explain in detail:**
7. Do you presently know someone with whom you can be emotionally honest? If yes who? _____

PART III: Early Life History

1. Describe any family trauma that you may have experienced as a child. Discribe**Explain in detail:**
2. When, where and from whom did you receive your first knowledge of sex?
3. Do you have any concern about your sexual identity? Yes ___ No ___. **If yes, explain:**
4. During childhood, did you feel driven by lust, masturbation or sexual fantasy? **(If yes, circle any that apply and also explain.)**
5. Were you sexually abused as a child or adolescent? (Sexual abuse includes any type of unwanted sexual touching or fondling, rape, sexual intercourse or oral sex.) Yes ___ No ___ Unsure ___. **IF NO, GO TO PART IV-1 if yes, explain:**
6. If you were sexually abused, were there multiple times of being sexually abused? Yes ___ No ___.

PART IV: Medical

1. What do you find very stressful in your life at the present time? **Explain in detail:**
2. How do you do to handle this stress when a situation seems to be overwhelming?

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3. Have you ever walked in your sleep? Yes__ No__ Unsure__. **If yes, explain in detail:**

4. List all diagnoses given to you by any doctors including psychiatrists:

5. Are you now or have you ever been involved in pornography? Yes ___ No ____. List most recent kinds of involvement?

6. Do you have any habits that are compulsive, in that you feel you are driven to do them and struggle soon afterwards with guilt, in which you feel bad or condemned? **Explain in detail:**

PART V: Social - Psychological

1. Do you feel intense anger at times and have no idea why you are feeling that way? If yes, explain:

2. If you have intense anger episodes, do you ever loose control and act out? **If you act out, explain in detail what you do:**

3. Do you have or ever had panic attacks? Yes ___ No ____. **If act out, explain what you experience:**

4. Do you feel a sense of deprivation, like being "ripped off" most of your life? Yes___ No___. **Explain why you think you feel this way:**

5. Do you feel that you go overboard to please people? Yes___ No___. **If yes, explain why you do that.**

6. Do you feel or sense that your moods shift or change more than you would like? Yes___ No___. **If yes, explain why you believe that happens to you:**

7. Have other people noticed your moods shift and have others commented or questioned you about these mood changes? Yes___ No___. **If yes, explain what was said to you and what you believe happened:**

8. Do you **frequently** go into a store or mall, then come back to the parking lot and not know where you parked the car? Yes___No___. **If yes, explain what happened:**

9. When dressing in the morning, do you have to change clothes several times to feel comfortable? Yes___ No___. **If yes, explain why you think this happens to you:**

10. Is it common for your parents, husband/wife or friends to tell you **on more than one occasion** that you did something and you don't recall or was not aware of doing what they said you did? Yes___ No___. **Explain in detail:**

11. Did you ever have an imaginary playmate as a child? Yes___ No__ Unsure__. **If yes, give details how this happened:**

12. Are there times when you feel very spacey or disconnected, just staring off into space, losing awareness of what is going on around you and sometimes you lose track of time? Yes___ No__ Unsure__. **If yes or unsure, explain your answer:**

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[Type here]

[Type here]

[Type here]

13. Did you ever have a problem with bed-wetting? Yes___ No___. If yes, what age did this stop? _____

14. Have you ever had a **recurring distressing dream**, even if very short, but dreamed this dream or a similar dream several times in the past? Yes___ No___. **If yes or unsure, explain your answer:**

15. If you do have **nightmares**, what age did the nightmares start and how frequent are these nightmares? **Explain as best you can why you believe this happens:**

16. Have you ever seen a psychiatrist, psychologist or counselor? Yes___ No___ **If yes, what was the reason and what was the diagnosis?**

17. Is there a history of **mental illness** in your family, including grandparents and great-grandparents? Yes___ No___ Unsure___. **If yes explain:**

18. Have you ever been treated for a **mental problem** or hospitalized for a **mental episode**? Yes___ No___. **If yes, give the details:**

19. Are you presently on any **medication** for a psychological disorder? Yes___ No___. **If yes, list drug and doctor:**

20. Have you ever been addicted to drugs ___ alcohol___ Rx drugs or street drugs_____?

21. In the past, have you felt **very depressed, blue, and hopeless** for a period lasting for **two weeks or more**? Yes___ No___. **If yes, or unsure, explain your answer:**

22. Do you **NOW** or **HAVE YOU EVER** had suicidal thoughts, wishes to be dead, or attempted suicide? Yes___ No___ Unsure___. **If yes, give details of what you happened:**

23. Have you received electro-shock treatments? Yes___ No___ Unsure___. **If Yes, How many and what were the reasons for electro-shock treatments? Explain:**

24. **Have you ever been diagnosed as having the following: (Check all that apply.)**

- a) Depression:..... Yes___ No___ Unsure__.
- b) Mania: Yes___ No___ Unsure__.
- c) Schizophrenia: Yes___ No___ Unsure__.
- d) Anxiety disorder: Yes___ No___ Unsure__.
- e) Post Traumatic Stress Disorder (PTSD): Yes___ No___ Unsure__.
- f) Dissociative disorder: Yes___ No___ Unsure__..... Yes___ No___ Unsure__.
- g) Multiple Personality Disorder (MPD or DID): Yes___ No___ Unsure__.
- h) Any other psychiatric disorder: Yes___ No___ Unsure__.
- i.) Having thoughts of a delusional nature, which are not in touch with reality?..... Yes___ No___ Unsure__.
- j.) Have you ever been treated for a delusional disorder? No___ If Yes or you are Unsure -Explain as much as you can.

[Type here]

[Type here]

[Type here]

[Type here]

25. Do you ever have or ever had, blank, foggy spells or periods of missing time that you can't remember what happened? Yes__No__ Unsure__. If yes, do you remember anything that happened during this missing time periods? Write down what you remember, **explain in detail, use back of this sheet to explain your answer.**

26. **Have you ever experienced any of the following:**.....CHECK--- the ones that apply to you:

- a.) Hearing **voices arguing in your head**, commenting on or criticizing your actions?Yes__ No__ Unsure__.
- b.) Hearing **voices outside of you** commenting on or criticizing your actions? Yes__ No,__ Unsure__.
- c.) Feeling like your thoughts were controlled or produced by **someone or something OUTSIDE of you**? Yes_No__.
- d.) Feeling like your thoughts were controlled or produced by **someone or something INSIDE of you**? Yes__ No__
- e.) Feeling like your thoughts were being **taken out of your mind**?Yes__ No__ Unsure__.
- f.) Do you ever hear something or someone **laughing in your mind**?..... Yes__ No__ Unsure__.
- g.) Do you ever feel like **there is another person or persons inside of you**?..... Yes__ No__ Unsure__

27. Do you remember ever speaking about yourself as “we” or “us”? Yes__ No__.

28. Do you presently fear that "cracking up or losing it" is possible? Yes__ No__. **Explain in detail:**

29. Have you ever done **physically unsafe or self-damaging acts**, e.g., suicidal gestures, self-mutilation (cutting), had recurrent accidents, or going to places where you were attacked or often been involved in fights or abuse? (**Circle the ones that apply**). **If yes to any, then explain the one that applies to you:**

30. Have you ever noticed certain items present or have appeared in your house where you live which you don't know where they came from or how they got there, e.g., clothes, shoes, jewelry, books, gifts, etc.? Yes__ No__ Unsure__. **If yes, explain what you think happened:**

31. Have you ever looked or read your old letters, notes or journal entries **that you have written** and noticed that **your handwriting** seems different, changes, or you don't recognize the writing? **Yes__ No__ Unsure__**. **If yes, explain in detail why you think this happened:**

32. Are there large parts of your childhood, **before age 6** or **after age 10** which you cannot remember? Yes__ No__ Unsure__. **If yes, was it before 6 __ and or after age 10 __. What and why did this happen to you?**

33. Do you ever have periods when you feel unreal, as if in a dream or as if you're not really there? **If yes, try to explain:**

34. Do you ever have **feelings of being inside or outside your body at times**, that happen **all of a sudden like a flood**, sometimes painful; and sometimes **may be accompanied by a picture that flashed in your mind**? Yes__ No__ Unsure__. **If yes, explain in detail:**

35. Have you ever had a mental flashback, or a mental picture in your mind that was **of a person or a place**, that was familiar but somewhat frightening, a picture that was **stronger than just a thought and out of the ordinary** for you? Yes__ No__ Unsure__. **If yes, explain your answer in detail – and -- tell how it made you feel:**

[Type here]

[Type here]

[Type here]

[Type here]

36. Have you ever had **a picture** or image flash in your mind of **something of sexual nature or image, which may or may not maybe accompanied with fearful or sexual feelings** that was STRONGER than just a thought? Yes___ No___ Unsure___. **If yes, please explain your answer in detail:**

37. Do you ever find yourself coming to an unfamiliar place, wide-awake, not sure how you arrived there and not sure what has been happening in the time prior to arriving there? Yes___ No___ Unsure___. **If yes, explain in detail:**

38. Have you ever had an experience of leaving your body? Yes___ No___ Unsure___. **If yes:**

a. When?

b. Where?

39. Have you ever experienced seeing yourself from outside your body? Yes___ No___ Unsure___. **If yes:**

a. When?

b. Where?

PART VIa: Spiritual Experiences - Influences

1. Have you experienced an influence, a force or a power, **affecting your body from outside you**,? Yes___ No___ Unsure___. **If yes, explain in detail:**

2. Did you ever see **dark shadows** or **dark figures** in your bedroom or closet as a child? Yes___ No___ Unsure___. **If yes, Describe what you saw or what effect it had on you?:**

3. Have you ever experienced a **presence of a spiritual being** in your bedroom, especially at night? Yes___ No___ Unsure___. **If yes, explain your answer in detail:**

a. If you did, what was **the feeling you experienced** when this presence was in the room? **Explain in detail:**

b. Did this presence touch you? Yes___ No___ Unsure___. **If so, where? Explain in detail:**

c. Was anything sexual about this experience or appearance? Yes___ No___ Unsure___. **Explain in detail:**

d. What did you do to stop it or make this being, figure or spirit leave? **Explain in detail**

[Type here]

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[Type here]

[Type here]

4. **Have you ever, had any extrasensory perception experiences such as: (Check the ones that apply.)**

- a.) mental telepathy
- b) seeing the future(s) while awake
- c) moving objects with your mind
- d) other extrasensory/spiritual type experiences (**describe in detail**):

5. **Have you ever felt you were controlled or possessed by any of the following: (Check ones that apply.)**

- a) a demon
- b) a dead person
- c) a living person
- d) some strange power or force

Explain what you believe about this experience and what was it trying to do?:

6. **Have you ever had any contact with any of the following: (Check ones that apply.)**

- a) ghosts
- b) poltergeists (cause noises or objects to move around)
- c) spirits of any kind

List all examples of what you experienced:

7. Have you ever seen a non-human form or image in your mind? Yes___ No___. **Explain what you experienced in detail:**

8. Did you ever visit or did your parents ever take you to a pow-wow healer, psychic healer, or shaman? **If yes, circle the correct answer and explain what happened:**

9. Have you ever prayed prayers to specifically renounce any of the practices in question 8? Yes___ No___ Unsure___ .
Explain what type prayers you prayed:

10. Have you ever been to a deliverance minister? If yes, please give the name of that minister and explain what happened when this person prayed for you. **Explain in detail:**

11. **Check the practices listed below that you have ever taken part in, even if it was just for fun:**

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 6th & 7th books of Moses | <input type="checkbox"/> Amulets | <input type="checkbox"/> Astral Projection | <input type="checkbox"/> Astrology |
| <input type="checkbox"/> Automatic Handwriting | <input type="checkbox"/> Black or white magic | <input type="checkbox"/> Black Rock Music | <input type="checkbox"/> Chi |
| <input type="checkbox"/> Blood pacts | <input type="checkbox"/> Buddhism | <input type="checkbox"/> Channeling | <input type="checkbox"/> Consulting a medium |
| <input type="checkbox"/> Christian Science | <input type="checkbox"/> Clairvoyance | <input type="checkbox"/> Colorology | <input type="checkbox"/> Crystal gazing |
| <input type="checkbox"/> Dungeons and Dragons | <input type="checkbox"/> E.S.T | <input type="checkbox"/> Eastern Star | <input type="checkbox"/> Fortune-telling |
| <input type="checkbox"/> Eckankar | <input type="checkbox"/> Edgar Cayce | <input type="checkbox"/> ESP | <input type="checkbox"/> Hinduism |
| <input type="checkbox"/> H.W. Armstrong | <input type="checkbox"/> Healing magnetism | <input type="checkbox"/> Hexing | <input type="checkbox"/> Incubus/ Succubus |
| <input type="checkbox"/> Horoscopes | <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Incantations | <input type="checkbox"/> Metaphysics |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Karate | <input type="checkbox"/> Magic charming | <input type="checkbox"/> Ouija Board |
| <input type="checkbox"/> Mind Reading | <input type="checkbox"/> Mormonism | <input type="checkbox"/> New Age | <input type="checkbox"/> Masons |
| <input type="checkbox"/> Palm reading | <input type="checkbox"/> Power Crystals | <input type="checkbox"/> Pow-wow healing | <input type="checkbox"/> Psychic healing |
| <input type="checkbox"/> Psychic Powers | <input type="checkbox"/> Rod and Pendulum | <input type="checkbox"/> Rosicrucian's | <input type="checkbox"/> Silva Mind Control |
| <input type="checkbox"/> Satanic rituals | <input type="checkbox"/> Scientology | <input type="checkbox"/> Seance | <input type="checkbox"/> Spirit Guides |

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- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Sorcery | <input type="checkbox"/> Soul Travel | <input type="checkbox"/> Speaking in a trance | <input type="checkbox"/> The Way International |
| <input type="checkbox"/> Spiritist | <input type="checkbox"/> T. M. | <input type="checkbox"/> Table lifting | <input type="checkbox"/> Wart charming |
| <input type="checkbox"/> Tarot cards | <input type="checkbox"/> Tealeaf reading | <input type="checkbox"/> Telepathy | <input type="checkbox"/> Indian or spirit worship |
| <input type="checkbox"/> Unification Church | <input type="checkbox"/> Unitarian | <input type="checkbox"/> Voodoo | <input type="checkbox"/> Water divining |
| | <input type="checkbox"/> Santeria | <input type="checkbox"/> Yoga | |

PART VIIb: Spiritual Experiences - Influences

1. Have you ever studied or been involved in Eastern religions, transcendental meditation or hypnosis, etc.? Yes_ No_.
If Yes, **Explain in detail:**

2. In the house or houses in **which you grew up**, were there ever any **supernatural occurrences** that could not be explained by ordinary reasonable explanation? Yes___ No___. **If yes, how would you explain this occurrence?**

3. In the house in which you **presently live**, has there ever been any supernatural occurrences; occurrences that cannot be reasonably explained? Yes___ No___. **If yes, how you would explain this occurrence:**

4. Was your house (or parents' house) built on a cemetery or Indian burial ground? Yes___ No ___ Unsure___.

5. Do you know if anyone ever cursed you or put a curse on you, your parents, your home or your business?
No__ Yes___ . **If yes, explain what you understand happened:**

6. **Were your parent or people in your family ever involved in any of the following: (Check the ones that apply.)**

- a.) the Mormons , (
- b.) the Masons, (Masonic Order, Blue Lodge, Rainbow Girls, Eastern Star)
- c.) Jehovah Witnesses
- d.) A legalistic demanding church
- e.) Santeria
- f.) the occult, cults, psychic or non-Christian religious practices
- g.) had an adulterous affair?

7. a. Was there any of the following in your parent's life, grandparent's life, great-grandparent's life (**Circle the ones that apply**): **divorce, poverty, rage, adultery, physical illnesses, mental illness, miscarried pregnancies, fortune telling, witchcraft, Satanism, doing psychic healing, addictive problems (alcohol, sex, drugs, food, etc.)**

b. **If yes to any of the above**, do you know of or see any of the things circled in No.9 above, **happening in the children or grandchildren lives today?** **If yes, Explain what you see happening:**

8. Do you know or believe that you were dedicated as a baby or young child in a **strange family ceremony**, or taken to a strange or scary ceremony by a person in your family? Yes___ No___. **If yes, Explain in detail:**

9. Have you ever been involved in a ritualistic cult or satanic cult activities? Yes___ No___. **If yes, Explain in detail:**

[Type here]

[Type here]

[Type here]

PART VIII: Spiritual and Religious

1. What is your perception of God, i.e., good and loving or judgmental, just waiting for you to fail? **Circle the one that applies and explain:**
2. Do you have trouble feeling close to God? Yes___ No___. **Explain:**
3. Can you relate to God as a good father? Yes___ No___. **If no, explain your answer:**
4. Have you ever been in a controlling or dominating church or under a controlling or dominating pastor? Yes___ No___. **Explain what occurred:**
5. Do you find it hard to praise God? Yes___ No___. **If yes, explain as best you can why this happens to you:**
6. In church are you tormented with foul/evil or blaspheming thoughts or mental torment? (**Circle ones that apply and explain.**) **Why does this happen?**
7. At times do you feel a strong impulse to run out of a church service? Yes___ No___. **If yes, explain what you experience:**
8. Do you have any trouble taking communion? Yes___ No___. **If yes, explain what trouble you experience:**
9. When a pastor or priest is **talking about the meaning of communion**, does that make you feel uncomfortable? Yes___ No___. **If yes, explain why you feel this way as best as you can:**
10. Do you have trouble when people in the church want to lay hands on you to pray for you? Yes___ No___. **If yes, what do you experience when they do that?**
11. When and where did you receive Jesus as your Lord and Savior? (John 1:12) Yes___ No___ Unsure___. **Explain in detail:**
12. Please **give a brief detailed description** of your **conversion experience:**
13. Explain **how do you know** that you truly received Jesus Christ as Lord and Savior?
14. Are you plagued by doubts about your salvation and if you were to die tonight, do you know for sure where you would spend eternity? Yes___ No___ Unsure___. **If uncertain, explain what you believe:**
15. Have you been baptized? If so, were you sprinkled ___ immersed?___.

[Type here]

16. Have you received the Baptism in the Holy Spirit? Yes___ No___. Explain your experience. Where and when, Explain your experience,

17. If you have received the Baptism in the Holy Spirit, **explain how do you know that you have received** the baptism in the Holy Spirit?

18. Do you have regular devotions in the Bible by yourself and with others?

19. Are you in fellowship, a bible study group with other believers in Jesus? Where and with whom?

Rev 10-16A 10-16b

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