



PERSONAL INFORMATION FORM C O N F I D E N T I A L

Date: _____ Full Name: _____

Gender: M F (please circle) Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Fax: _____

Email address: _____

Name of Church: _____ Denomination: _____

Occupation: _____

Spouse's first name: _____

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

I was referred by: _____

We would love to stay in touch with you! Please check the following:

Yes, I would like to stay up to date on ministry offered at CHM by being included on your mailing list, to receive correspondence such as *The Healing Line* newsletter with healing articles.

No, please do not include me at this time.

Are you currently under the care of a counselor or psychiatrist? If yes, give details. _____

In the past, have you been in counseling or received psychiatric care? If yes, give details. _____

Briefly describe what brings you to prayer ministry now. _____

Check the issue(s) that pertain to you: rate degree of severity: 1 (low) to 5 (high).

- | | | |
|--------------------------------|------------------------|------------------------------|
| _____ Depression | _____ Chronic Illness | _____ Sexual Identity |
| _____ Marital Problem | _____ Homosexuality | _____ Anger |
| _____ 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. _____

Have you ever received a full psychological evaluation? If yes, what was the diagnosis and treatment? _____

SPIRITUAL HISTORY CONFIDENTIAL

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 CONFIDENTIAL

Check all that apply.

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

_____ I am adopted.

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

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

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

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

Please describe some of your feelings. _____

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

Please describe some of your feelings. _____

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

Please describe some of your feelings. _____

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

_____ I (*circle*) have had / am in an unhappy marriage.

_____ I had an alcoholic (*circle*) father / mother.

_____ 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 or have participated in an abortion(s). If so, how many and what was your role? _____

_____ I have been affected by a miscarriage(s). If so, how many? _____

_____ I have clear memories of my childhood.

_____ Most of my childhood is what I have been told.

_____ I sometimes lose blocks of time that I cannot account for. If so, how often? Please explain. _____

_____ I have significant recurring dreams. If so, please describe. _____

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 Prayer Ministry Department. I give my permission for my prayer ministers to discuss my prayer needs with the appropriate staff as necessary. If I have any questions concerning my prayer minister's training, experience or qualifications, I have the right to consult with the staff of the Prayer Ministry Department.

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 report it immediately to the staff of the Prayer Ministry Department.

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