



Freedom & Transforming Prayer Ministry Confidential Personal History

PLEASE USE INK TO COMPLETE

Name _____ Sex _____ Age _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

May we leave a message? Day Phone: Yes No Evening Phone: Yes No

Email address _____ May we use email? Yes No

Do you regularly attend NHC? No Yes — How Long? _____

Current Church Name (if not NHC): _____ City: _____

Referred to this ministry by: _____

Vocation: Present _____

Past _____

Highest Level of Education: high school technical school college masters
 doctoral other

Have you had a Freedom or Transforming Prayer appointment before?
 No Yes Pending When? _____

Name of Facilitator: _____ If not at NHC, where: _____

My Understanding

I understand that my participation in completing this Confidential Personal History and in the appointment is totally voluntary on my part. I understand that the person who will lead me through the appointment is not necessarily a professional counselor or therapist, but a fellow Christian who is making himself/herself available to pray with me and guide me through the session. Therefore, I voluntarily ask for this appointment and assume responsibility for my responses as a result of this prayer ministry.

Signed _____ Date _____

— OFFICE USE ONLY —

Initial Contact Date _____ Date CPH Sent _____ Date CPH Returned _____

Facilitator Assigned _____ Prayer Partner Assigned _____

Date(s) of Appt(s) _____

1. Employment

a) Do you work outside the home? No Yes — If yes, where: _____

2. Marital Status

a) Currently Married # of years _____ Previously Married # of years _____
Widow/Widower Divorced Separated Single

b) Children-current marriage: Names (optional) and ages:

c) Children-previous marriage: Names (optional) and ages:

3. Please explain why are you requesting a personal prayer appointment?

4. Problem Issues

— Please check any of the following emotions you have had or are presently having difficulty controlling, and also circle those that you feel are the greatest areas of concern.

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> frustration | <input type="checkbox"/> anger | <input type="checkbox"/> anxiety |
| <input type="checkbox"/> loneliness | <input type="checkbox"/> worthlessness | <input type="checkbox"/> depression |
| <input type="checkbox"/> hatred | <input type="checkbox"/> bitterness | <input type="checkbox"/> fearfulness |
| <input type="checkbox"/> hopelessness | <input type="checkbox"/> rejection | <input type="checkbox"/> abandonment |
| <input type="checkbox"/> insecurity | <input type="checkbox"/> insignificance | |
| <input type="checkbox"/> other _____ | | |

5. Family History

a) Were you adopted? Yes No

b) Are/were your parents born-again Christians? Yes No
If so, do/did they profess and live their Christianity? Yes No

c) Are/were your parents divorced? Yes No

d) Who was the authority figure in your home? Father Mother Other

e) Have your parents, grandparents or great-grandparents ever been involved in any occult, cultic or non-Christian religious practices? No Yes – If yes, please explain:

f) Identify your parents' position on the following:

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing/modesty					
Sanctity of sex inside marriage					
Dating					
Movies					
Music					
Use of alcohol					
Use of non-prescription drugs					
Use of tobacco					
Church attendance					
Free Will					

g) Identify the sex and age of your sibling(s) and place the list in birth order (oldest → youngest):

Child	Sex	Age
1)		
2)		
3)		
4)		
5)		
6)		
7)		

d) Describe the emotional atmosphere in your home while you were growing up. Include a brief description of your relationship with your parent(s) and sibling(s):

6. Health

- a) Is there a history of ongoing physical illness in your family? Yes No

If yes, please list specific disease(s) _____

- b) Is there a history of mental illness? Yes No

If yes, please explain briefly _____

- c) Is there a history of addictive problems? Yes No

If yes, to what? _____

- d) Have you been impacted by an abortion? Yes No

- e) Have you been impacted by homosexuality? Yes No

- f) Describe your general health: _____

- g) List any medication(s) you are taking and the purpose for which you are using them:

Medication	Purpose

7. Lifestyle Pursuits

- a) Do you feel there is balance in your life in regard to the amount of time you spend in the following areas:

	Yes	No
Spouse		
Family		
Friends		
Recreation/hobbies		
Christian activity/church		
Personal time with God		
Work		

- b) Do you get adequate rest? Yes No

- c) Do you have problems sleeping at night? Yes No

- d) Do you primarily eat balanced nutritional meals? Yes No

- e) Do you have any unusual eating habits? Yes No

f) Identify addictive problems or cravings you are dealing with, if any:

g) Identify moral problems you are dealing with, if any:

h) Have you experienced abuse or trauma? Yes No

If yes, please explain: _____

8. Spiritual Issues

a) Have you received Jesus Christ as your personal savior? Yes No _____

b) When did you receive Christ? _____

c) How do you know that you have received Christ? _____

d) Are you plagued with doubts concerning your salvation? Yes No

If yes, please explain: _____

e) How do you view God? (Distant? Harsh? Judging? Loving? Near?)

f) Do you usually have a personal Bible reading and prayer time? Yes No

g) Are there additional ways in which you are enjoying fellowship with other Christian believers?

No Yes — When and where? _____

h) Do you find prayer difficult? Yes No

If yes, please explain: _____

i) Do you find Bible reading difficult? Yes No

If yes, please explain: _____

9. Please complete the following inventory:

NON-CHRISTIAN SPIRITUAL EXPERIENCE HISTORY

(Please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Astral-projection (out-of-body) | <input type="checkbox"/> Horoscopes | <input type="checkbox"/> Science of Creative Intelligence |
| <input type="checkbox"/> Astrology | <input type="checkbox"/> Incubi and succubi (sexual spirits) | <input type="checkbox"/> Science of the Mind |
| <input type="checkbox"/> Automatic writing | <input type="checkbox"/> Islam | <input type="checkbox"/> Scientology |
| <input type="checkbox"/> Bahaism | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Séance |
| <input type="checkbox"/> Black and white magic | <input type="checkbox"/> Magic eight ball | <input type="checkbox"/> Secret Oaths |
| <input type="checkbox"/> Black Muslim | <input type="checkbox"/> Masons/Shriners | <input type="checkbox"/> Self hypnosis |
| <input type="checkbox"/> Blood pacts or cut yourself in a destructive way | <input type="checkbox"/> Materialization | <input type="checkbox"/> Silva Mind Control |
| <input type="checkbox"/> Bloody Mary | <input type="checkbox"/> Mental suggestions or attempting to swap minds | <input type="checkbox"/> Speaking in trance |
| <input type="checkbox"/> Children of God | <input type="checkbox"/> Mormonism | <input type="checkbox"/> Spirit guides |
| <input type="checkbox"/> Christian Science | <input type="checkbox"/> Native American Spirit Worship | <input type="checkbox"/> Swedenborgianism |
| <input type="checkbox"/> Church of the Living Word | <input type="checkbox"/> New Age | <input type="checkbox"/> Table lifting or body lifting |
| <input type="checkbox"/> Clairvoyance | <input type="checkbox"/> New age medicine | <input type="checkbox"/> Tarot cards |
| <input type="checkbox"/> Dungeons and Dragons | <input type="checkbox"/> New Warriors | <input type="checkbox"/> Telepathy |
| <input type="checkbox"/> Eastern Star / Demolay / Job's Daughters | <input type="checkbox"/> Ouija board | <input type="checkbox"/> The Way International |
| <input type="checkbox"/> Eckankar | <input type="checkbox"/> Paganism | <input type="checkbox"/> Theosophical Society |
| <input type="checkbox"/> EST (The Forum) | <input type="checkbox"/> Palm or tea leaves reading | <input type="checkbox"/> Transcendental Meditation |
| <input type="checkbox"/> Father Divine | <input type="checkbox"/> Psychics | <input type="checkbox"/> Unification Church |
| <input type="checkbox"/> Fetishism (objects of worship) | <input type="checkbox"/> Rod & pendulum (dowsing) | <input type="checkbox"/> Unitarianism |
| <input type="checkbox"/> Fortune telling | <input type="checkbox"/> Rosicrucianism | <input type="checkbox"/> Unity |
| <input type="checkbox"/> Ghosts | <input type="checkbox"/> Roy Masters | <input type="checkbox"/> Voodoo |
| <input type="checkbox"/> Hare Krishna | <input type="checkbox"/> Satanic Books, Movies, Music, Videos | <input type="checkbox"/> Witness Lee |
| <input type="checkbox"/> Herbert W. Armstrong | | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Hinduism | | <input type="checkbox"/> Zen Buddhism |
| | | <input type="checkbox"/> Others: |

- a) Have you ever been hypnotized, attended a New Age or parapsychology seminar, consulted a medium, spiritist or channeler? Explain.
- b) Do you have or have you ever had an imaginary friend or spirit guide offering you guidance or companionship? Explain.
- c) Have you ever heard voices in your mind or had repeating and nagging thoughts that were foreign to what you believe or feel, like there was a dialogue going on in your head? Explain.
- d) What other spiritual experiences have you had that would be considered out of the ordinary?

Availability Information Form

To help our schedulers in setting up your appointment, please complete the following availability information.

Name _____

() _____ () _____
Daytime phone Evening phone

E-mail address _____

As a rule, I am typically **AVAILABLE the following times** for an appointment:

	MON	TUES	WED	THURS	FRI
MORNING					
AFTERNOON					
EVENING					

There are specific dates and times I know **I AM NOT AVAILABLE** for appointments:

The **BEST TIME(s) TO CALL me** to discuss an appointment:

May we leave a message? Yes No