



Informed Consent for Prayer Ministry

I have been informed of my minister's credentials and have also read the preceding information and understand my rights as a client.

I have been informed that the Ministry of prayer/healing/deliverance is a ministry based on religious belief and is not recognized by the secular field of psychology as a method for the resolution of psychological problems.

I further understand that the session will be conducted by a trained Pastoral Care Minister from The Rock Church, dba The Rock.

I recognize that this step of faith has been helpful for many but has not been scientifically proven. I understand that I might experience heightened emotions and memories that were previously unknown or unresolved, that neither I nor anyone else knew about in advance. I understand there is a possibility that one or more of these memories may be screened or false. I will not hold any of the participants responsible for my memories or behaviors.

I give my consent for prayer/healing/deliverance, and am in no way being forced, pressured, or coerced to submit to this procedure from any person or entity. I also have the right to terminate the session at any time without penalty.

My signature is an acknowledgement that I have been informed of my rights and have had the opportunity to obtain whatever information or professional advice I deemed necessary or appropriate prior to undergoing deliverance.

Printed Name _____ Date _____

Client's Signature _____

Counseling Intake Form

Please complete and print this form for your next session. This will reduce the amount of time your ministry will have to spend to ascertain specific information. This information is confidential and will not be released to anyone without your permission. Thank You.

Today's Date: _____

Basic Information

Client's Full Name _____

Address _____

City, State, Zip Code _____

Home Phone ____ - ____ - ____ Cell Phone ____ - ____ - ____ Home Phone ____ - ____ - ____

Best Phone to reach you ____ - ____ - ____ Can we text you? Yes No

Date of Birth _____ Age _____ Sex (M/F) _____

Emergency Contact Name _____ Phone# _____

Responsible Party (applicable only to minors or if different from client)

Relationship of client to responsible party _____

Name _____

Address _____

City, State, Zip Code _____

Home Phone ____ - ____ - ____ Cell Phone ____ - ____ - ____ Home Phone ____ - ____ - ____

Marital Status

Single

Married for ___ years

Divorced for _____ years after a marriage of ___ years.

Separated for _____ years after a marriage of ___ years.

Widowed for _____ years after a marriage of ___ years.

How many times have you been married? _____

How happy is your current marriage? _____

Are your parents presently married or divorced? If divorced what was your age at the time of the divorce? _____

Was there a sense of security and harmony in your home the first 12 years of your life. If no, please describe. _____

Was your father clearly the head of the home, or was there a role reversal in which your mother ruled the home? Please describe. _____

To your knowledge, were any of your parents or grandparents ever involved in an adulterous affair? Please describe. _____

Were your parents strict or permissive? _____

If your parents are deceased, what year? _____ Your age at the time? _____

Cause of death _____

If you were raised by someone other than your birth parents, please describe the situation in some detail. _____

Education and Occupation

Education status: Currently a student? Yes No School: _____

Highest degree or year of schooling obtained and major _____

Current Occupation _____

Are you happy with your work? Yes No

Medical, Physical and Counseling History

Have you ever consulted a therapist before? Yes No

If so, when? _____

For what period of time? _____

What was the major problem discussed? _____

Are there any medical problems we should be aware of? _____

Do you think now or in the past you have had an addiction to something? Yes No

If yes, what? _____

Have you ever seriously considered or attempted suicide? Yes No If so, when _____

Have you been, or are you now, taking any medications for either physical or psychological reasons? Yes No

If yes, what medications and for what problems? Please list medications and dosages, if you know them. _____

Have you ever been hospitalized for a physical illness? Yes No

If yes, please explain _____

Have you ever been hospitalized for a mental illness? Yes No

If yes, please explain _____

Name and phone number of your Medical Doctor _____

Note that this is for EMERGENCY ONLY. We will not contact them without your permission.

Do you have problems sleeping? Are you having reoccurring nightmares or disturbances?
Yes No

If yes, please describe _____

Have you ever been beaten or sexually molested? Yes No
If yes, please describe _____

Are there any addictive problems in your family (alcohol, drugs, sex etc.)? Yes No

If yes, please describe _____

Is there any history of mental illness? Yes No

If yes, please describe _____

Do you have any recurrent or chronic conditions? Yes No

If yes, please describe _____

Do you smoke? Yes No If yes, how many per day? _____

Do you take drugs? Yes No If yes, what kind and how often? _____

Do you drink alcohol? Yes No If yes, how often? _____

Which of the following have you struggled with in the past or are your struggling with presently?

- daydreaming lustful thoughts thoughts of inferiority
- thoughts or inadequacy worry doubts
- fantasy obsessive thoughts insecurity
- blasphemous thoughts compulsive thoughts dizziness
- headaches hear voices see images that are not there

When attending church or other Christian ministries, are you plagued by foul thoughts, jealousies, or other mental harassment? If yes, please describe.

Emotional:

Which of the following emotions do you struggle with:

frustration anger anxiety

depression bitterness hatred

worthlessness

Do you believe any of the above emotions are sinful? If yes, why? _____

Spiritual History

Please mark all those in which you participated.

Out of body experience (astral projection) Ouija board Bloody Mary

Light as a feather (or other occult games) table lifting Magic Eight Ball

Spells or curses Mental telepathy or mental control of others

Automatic Writing Trances Spirit Guides Tarot Cards

Fortune Telling/divination (e.g. Tea Leaves) Levitation Séances

Magic-The Gathering Witchcraft/sorcery Satanism

Palm reading Astrology/horoscopes Black or white magic

Hypnosis (amateur or self induced) Dungeons and Dragons (or similar games)

Blood pacts or cutting yourself on purpose Objects of worship/crystals/good luck charms

Sexual spirits Martial arts (mysticism/devotion to sensei) Superstitions

Mormonism (latter day saints) Jehovah's Witness (Watchtower) Masons

New Age (books, objects, seminars, medicine) Christian Science

Mind Science cults The Way International Unification Church (Moonies)

The Forum (est) Church of the living word Children of God (Children of Love)

Church of Scientology Unitarianism/ Universalism Roy Masters

Silva Mind Control Transcendental Meditation Yoga

Hare Krishna Native American Worship Bahaim

Islam Hinduism Buddhism (including Zen)

Black Muslim Rosicrucianism Other non-Christian religions or cults

Occult or violent video and computer games

Movies, TV shows, books, magazines, or comics that the Lord is bring to your mind (especially those that glorified Satan, caused fear or nightmares, were gruesomely violent, or stimulated the flesh) List them below:

Our Present Priorities

The checklist below may help you recognize those areas of priorities in our lives. Please check the ones that apply to your life at present.

- Ambition Food or any substance Money/ possessions
 Computer/games/software Financial security Rock stars/media celebrities/athletes
 Church activities TV/movies/music/other media
 Sports or physical fitness Fun/pleasure Ministry Appearance /image
 Work Busyness/activity Friends Popularity/ opinio of others
 Spouse Boyfriend/Girlfriend Knowledge/being right
 Children Hobbies Parents Power/control

Fear Checklist

A central part of walking in the truth and rejecting deception is to deal with the fears that plague our lives. First Peter 5:8 says that our enemy, the devil, prowls around like a roaring lion, seeking people to devour. Just as a lion's roar strikes terror in the hearts of those that hear it, so Satan uses fear to try to get our needs met through the world of flesh.

Fear weakens us, causes us to be self-centered, and clouds our minds so that all we can think about is the thing that frightens us. But fear can only control us if we let it. God, however, does not want us to be mastered by anything. Including fear (1 Corinthians 6:12). Jesus Christ is to be our only Master (John 13:13; 2 Timothy 2:21).

The following list may help you recognize some of the fears the devil has used to keep you from walking by faith. Check the ones that apply to your life. Write down others that the Spirit of God brings to your mind.

- fear of death fear rejection by people fear of failure
 fear of disapproval fear of becoming homosexual/being homosexual
 fear of Satan fear of financial problems fear of never getting married
 fear of death of a loved one fear of being a hopeless case fear of marriage
 fear of the death of a loved one fear of being a hopeless case fear of losing salvation
 fear of having committed the unpardonable sin fear of not being loved by God
 fear of never loving or being loved by others fear of embarrassment
 fear of being victimized by crime fear of divorce
 fear of going crazy fear of pain/illness fear of the future
 fear of confrontation fear of specific individuals (Please list)
 Other specific Fears that come to mind now Please list _____

Religious & Spiritual Status

Are you a born again Christian? Yes No Not sure

Have you been Baptised? Yes No

Do you have your Prayer language? Yes No

Do you have a religious affiliation? Yes No If so, what? _____

How often do you attend church? Never Seldom Sometimes Regularly

If you are a member of a church, please share it's name and your involvement _____

In a short space, how do you feel about God in your life? _____

What are your spiritual giftings? _____

Are you experiencing any difficulty with the following? Bible Study Prayer

Spiritual Gifts Worship

Please describe concerns _____

To the best of your knowledge, have any of your ancestors (Parents, grandparents, great-grandparents) ever been involved in any occult, cultic, or non-Christian practices? If so, please indicate the involvement. _____

If your parents were Christians, please explain their experience. _____

Were they sincere, authentic and did they live their faith? _____

Current Ministry Desires

Where you referred to us? Yes No If yes, by whom _____

What do you see as the chief problem you need to resolve with a counselor? _____

Why are you coming to see us now? _____

What do you wish to achieve in our prayer-counseling time? _____

Do you have any concerns or worries about counseling? _____

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