



Prayer Interview Form

Go share Jesus' message of love, forgiveness, hope and healing led by the Holy Spirit

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Waiver of Liability

I understand that I will be seeing LIVING HOPE Prayer Team who will listen, support, encourage pray with, and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that they are not licensed counselors, that they minister by the Holy Bible, and that they may or may not be ordained and/or full-time ministers, pastors or counselors. I acknowledge that all ministry is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, by anyone or any organization that I will or will not receive any particular healing. Thus I waive all rights to claims of liability. I accept that they may recommend further ministry for me by a pastor, counselor, professional and/or other agency in my community.

WAIVER OF CONFIDENTIALITY

I am aware that all statements that I shall make to the LIVING HOPE Prayer Team are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, I waive my right to "complete" confidentiality in the following situations:

1. I accept that my ministry team will give a brief, summary report of the results of the ministry to the Church Pastor(s), and/or the oversight team.
2. I accept that my ministry team may consult with the Church Pastor(s), oversight ministry team and/or their designated representatives, concerning their ministry to me.
3. I accept that my home/cell ministry leaders may be informed of some aspects of the ministry to me, to better equip them to help me after the prayer ministry.
4. I accept that the Church Pastor(s) and/or their designated representative(s), will be informed of any ongoing, willful sin in which I am involved.
5. I accept and acknowledge that pastors, counselors, or any other persons involved in working with adults and children in a helping setting, are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do himself or to others.
6. I accept and acknowledge that they are also required to report any reasonable suspicion of physical or sexual abuse that has been done, or that is being done to a minor child.
7. I accept that all pastors, counselors, and LIVING HOPE Prayer Team Members at LIVING HOPE , reserve the right to make such reports as mandated by law, whether or not they confer with me first.

By my signature I acknowledge that I have read and understand all of the above provisions, including; the Waiver of Liability and Waiver of Confidentiality, and that I accept the stated conditions and limit of liability and confidentiality. Further, I agree to following out all post-ministry instructions which include a Daily Devotional, meditating on the words in the booklet "Who I Am in Christ" pamphlet and will become a part of a Bible Believing Church.

Signature: _____ Date: _____

Printed Name: _____

REFERRAL

Either before you come for ministry, or after the completion of your ministry, your LIVING HOPE Prayer Team, in conjunction with the Pastor(s) and/or their designated representative(s), will assist you in planning for: ongoing support and accountability in situations where it could be beneficial to you. Also, if your LIVING HOPE Prayer Team is not equipped or able to minister to your particular need or if you need longer term ministry, they, in conjunction with the Pastor(s) and/or their designated representative(s), will help you find appropriate referral resources.

Release Agreement

This ministry is called prayer ministry. It is not professional counseling. We are not professional counselors and are not licensed or insured as such. We work with you only as you choose to work with us. And we do not charge for our services. God has seen fit to work with and through us in moving people toward freedom. It is, therefore, our expectation that He will use us to help you. But we cannot promise results. We can only promise that we will do our best to work with God for your good and God's glory.

What usually happens in this type of ministry is that God brings a "move" toward wholeness in each session. Seldom is this all that is necessary for a person to attain the complete freedom he/she and God desire. Often it is advisable for the person to receive help from a professional counselor as well. It is always advisable for the person to actively pursue spiritual disciplines such as church attendance, prayer, Bible study and worship along with the ministry.

We are committed to keep confidential whatever you share with us. We are however, required by law to report to appropriate persons two kinds of things:

1. Any intent of a person to take harmful, dangerous, or criminal action against another person or against him/herself.
2. Any act of child or elderly abuse or neglect.

If it appears that such notification needs to be given, that intention will be shared with you first.

In summary, we would like you to:

- Be expectant but not get upset or angry if all that you expect does not happen quickly.
- Be patient with yourself, with us and with God,
- Be prayerful and open for growth and change under the guidance, of the Holy Spirit.
- Engage your will to work with the Holy Spirit and us to move toward what God wants for you.
- Forgive us if we make mistakes, forgive yourself if you make mistakes and forgive God if He doesn't do things the way you expect them to be done.

Your Signature

Prayer Minister's Signature

Prayer Interview Form (Please print)

Name _____ Sex _____ Date _____

Address. _____

Zip Code _____ Phone: home _____ Business _____

Cell _____ Fax _____ E-mail _____

Website _____

Age _____

PERSONAL INFORMATION:

The following information will assist your ministry team as they prepare to pray with you. Please answer each question as completely as you can.

Occupation:

Hours worked per week:

Employed by:

Marital Status: Single Married Separated Divorced Widowed Remarried

If married, does your spouse desire ministry? Yes/No If not, please explain:

Presently living with: Parents Spouse Alone Other (Please specify)

MARITAL BACKGROUND:

Name of spouse:

Occupation:

Have you ever been separated Yes/No When?

Marriage(s): Please give the following information for your marriage(s).

Date married	Your age	Their age	Spouses name	Duration	Reason it ended

Children:

Name	Age	Sex	Which marriage	Dependent	Married	Still Alive	Age/Cause of death

Referred here by: _____ Church you belong to? _____

MEDICAL/MINISTRY/COUNSELING BACKGROUND:

What is your basic problem as you see it? (Be concise) How long have you had this difficulty?

Mention any problems which seem to grow out of this one?

What former help have you sought for this?

- | | | | | | |
|---------------|--------------------------|---------------------|--------------------------|-------------------|--------------------------|
| Psychiatrist | <input type="checkbox"/> | Prayer | <input type="checkbox"/> | Christian Science | <input type="checkbox"/> |
| Chiropractor | <input type="checkbox"/> | Healing Evangelist | <input type="checkbox"/> | Spiritist Healer | <input type="checkbox"/> |
| Medicine | <input type="checkbox"/> | Social Worker | <input type="checkbox"/> | Séances | <input type="checkbox"/> |
| Group Therapy | <input type="checkbox"/> | Pastor | <input type="checkbox"/> | General Counselor | <input type="checkbox"/> |
| Self Hypnosis | <input type="checkbox"/> | Hypnosis by another | <input type="checkbox"/> | | |

Were you relieved through work of any of the above? Yes/No
If so, how did it last? What remains of this relief now, if anything?

Are you currently receiving medical treatment? Yes/No
For what purpose?

Have you used drugs for other than medical purposes? Yes/No
When? What drugs?

Have you ever taken or are you taking medication prescribed for emotional reasons? Yes//No When? _____
For what reason?

Have you ever had any major operations? Yes/No When? _____ Reason? _____

Were you relieved through work of any of the above? Yes/No

If so, how long did it last? What remains of this relief now, if anything?

Are you troubled with any of the following:

- | | | | | | |
|---------------------------------------|--------------------------|---|--------------------------|---|--------------------------|
| Aches in muscles | <input type="checkbox"/> | Phobias | <input type="checkbox"/> | Disinterest in prayer | <input type="checkbox"/> |
| Sharp Shooting Pains | <input type="checkbox"/> | Nightmares | <input type="checkbox"/> | Disinterest in Bible | <input type="checkbox"/> |
| Headaches | <input type="checkbox"/> | Daydreaming | <input type="checkbox"/> | Cannot witness | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> | Obsessive thoughts | <input type="checkbox"/> | Don't feel saved | <input type="checkbox"/> |
| Sleeplessness | <input type="checkbox"/> | Compulsive acts | <input type="checkbox"/> | Friendlessness | <input type="checkbox"/> |
| Blackouts | <input type="checkbox"/> | Inferiority feelings | <input type="checkbox"/> | Loneliness | <input type="checkbox"/> |
| Inappropriate sleepiness as in church | <input type="checkbox"/> | Sometimes uncontrollable sexual urges | <input type="checkbox"/> | Feelings of having continued inner defilement | <input type="checkbox"/> |
| Brief localized paralysis | <input type="checkbox"/> | Loss of sex urge | <input type="checkbox"/> | Difficulty in Breathing | <input type="checkbox"/> |
| Fascination for certain kinds of sin | <input type="checkbox"/> | Sometimes hate God or Christ | <input type="checkbox"/> | Self Esteem | <input type="checkbox"/> |
| Occasional choking sensations | <input type="checkbox"/> | Inability to be loving and affectionate | <input type="checkbox"/> | Aggression | <input type="checkbox"/> |
| Forgetfulness | <input type="checkbox"/> | Anger outbursts | <input type="checkbox"/> | Loss/Grief | <input type="checkbox"/> |
| Chronic illness or disability | <input type="checkbox"/> | Lying | <input type="checkbox"/> | | <input type="checkbox"/> |
| Anxieties, fearfulness | <input type="checkbox"/> | Depression | <input type="checkbox"/> | | <input type="checkbox"/> |
| General nervousness | <input type="checkbox"/> | Guilt feelings | <input type="checkbox"/> | | <input type="checkbox"/> |

Family background

How would you describe the atmosphere in your family of origin? _____

Describe the relationship you had with your father:

0-9years _____

10-20 years _____

Describe the relationship you had with your mother:

0~9years _____

10-20 years _____

YOUR BIRTH CONDITIONS: *Indicate whether or not any of the following situations were present when you were conceived or during your mother's pregnancy.*

- | | |
|---|--|
| <input type="checkbox"/> A. My mother dieted during her pregnancy | <input type="checkbox"/> N. My mother did not want me |
| <input type="checkbox"/> B. My mother took drugs during her pregnancy | <input type="checkbox"/> O. My father did not want me |
| <input type="checkbox"/> C. My mother smoked during her pregnancy | <input type="checkbox"/> P. I was given up for adoption |
| <input type="checkbox"/> D. My mother drank alcohol during her pregnancy | <input type="checkbox"/> Q. I was next child after miscarriage or abortion |
| <input type="checkbox"/> E. My mother drank caffeine during her pregnancy | <input type="checkbox"/> R. I was conceived out of wedlock |
| <input type="checkbox"/> F. My mother experienced trauma during pregnancy | <input type="checkbox"/> S. There were premature delivery complications |
| <input type="checkbox"/> G. My mother was raped and I was conceived | <input type="checkbox"/> T. Breech delivery |
| <input type="checkbox"/> H. My mother was in poor health during pregnancy | <input type="checkbox"/> U. Cord around my neck during delivery |
| <input type="checkbox"/> I. My mother lost a loved one during her pregnancy | <input type="checkbox"/> V. Forceps delivery |
| <input type="checkbox"/> J. There was a lot of fighting in the home | <input type="checkbox"/> W. Labor was induced |
| <input type="checkbox"/> K. My parents were too young; not ready for children | <input type="checkbox"/> X. I suffered loss of oxygen during delivery |
| <input type="checkbox"/> L. My parents wanted a child of the opposite sex | <input type="checkbox"/> Y. C-section delivery |
| <input type="checkbox"/> M. My father died or left during the pregnancy | |

Other:

Primary caregiver ages 0-6: _____

Siblings: Brothers _____ Sisters _____ Birth order _____

Are you saved? () How long? _____

Are you Spirit-filled to your knowledge? Yes () No () How long? _____ Uncertain ()

Describe your devotional life: regular daily ()

Time of Scripture Reading: _____ min/day

Devotional Literature: _____

Describe the faith life of your immediate family or others who have influenced you either positively or negatively.

	Name-Relationship	Faith Life-Influence
A.		
B.		
C.		
D.		
E.		

Has your problem occurred in your ancestry? Relation: _____

Which side? Maternal () Paternal () Result for them: _____

Did any ancestors engaged in magic healing, cults, occultism, murder, suicide? _____

Circle if you are the victim of abuse: sexual physical verbal ritual

Circle if hatred and or resentment is a problem: myself father mother other: _____

Have you ever been involved with any of the following? Use the key.

N-No involvement
 A-Casual for a brief period
 B-Casual for an extended period
 C-Active interest
 D-Considerable interest

ACTIVITY INVOLVEMENT	AGE AT START OF INTEREST	PERIOD OF INVOLVEMENT	COMMENTS
Sexual relationship outside of marriage or prior to marriage (ex. Pornography, strip clubs, extra-marital affairs, sexually deviant practices)	() _____	_____	_____
Spiritism	() _____	_____	_____
Christian Science	() _____	_____	_____
Jehovah's Witness	() _____	_____	_____
Mormonism	() _____	_____	_____
Hypnotism	() _____	_____	_____
Occult: Witchcraft (black or white)	() _____	_____	_____
Clairvoyance, psychics, levitation, ESP, telepathy, palm reading, horoscopes, fortune telling, consulted medium, reincarnation reading, table lifting, automatic writing or soul travel?	() _____	_____	_____
Ouija Boards/ Dungeon & Dragons	() _____	_____	_____
New Age Practices: yoga, reiki, tai chi, healing touch, reading chakras or transcendental meditation?	() _____	_____	_____

ACTIVITY INVOLVEMENT	AGE AT START OF INTEREST	PERIOD OF INVOLVEMENT	COMMENTS
Freemasonry or anyone in your family?	() _____	_____	_____
Used any kind of charm for protection?	() _____	_____	_____
Received anything from someone in the occult?	() _____	_____	_____
Had an abortion or fathered a child who was aborted?	() _____	_____	_____
Wished yourself or someone else dead or attempted to take (or taken) someone else's life?	() _____	_____	_____
LSD, marijuana, cocaine or any "mind-expanding drugs"	() _____	_____	_____

Beliefs about Myself

Read the following statements and check the ones that **directly relate** to your current issue.

1. Theme: Rejection, Not Belonging

- ___ 1. I don't belong. I will always be on the outside (left out).
- ___ 2. My feelings don't count. No one cares what I feel.
- ___ 3. No one will love me or care about me just for myself.
- ___ 4. I will always be lonely. The special man (woman) in my life will not be there for me.
- ___ 5. _____

2. Theme: Unworthiness, Guilt, Shame

- ___ 1. I am not worthy to receive anything from God.
- ___ 2. I am the problem. When something is wrong, it is my fault.
- ___ 3. I am a bad person. If you knew the real me, you would reject me.
- ___ 4. If I wear a mask, people won't find out how horrible I am and reject me.
- ___ 5. I have messed up so badly that I have missed God's best for me.
- ___ 6. _____

3. Theme: Doing to achieve Self worth, Value, Recognition

- ___ 1. I will never get credit for what I do
- ___ 2. My value is in what I do. I am valuable because I do good to others or because I am "successful."
- ___ 3. Even when I do or give my best, it is not good enough. I can never meet the standard.
- ___ 4. God doesn't care if I have a "secret life," as long as I appear to be good.
- ___ 5. _____

4. Theme: Control (to avoid hurt)

- 1. I have to plan every day of my life. I have to continually plan/strategize. I can't relax.
- 2. The perfect life is one in which no conflict is allowed and so there is peace.
- 3. I can avoid conflict that would risk losing others' approval by being passive and not do anything.
- 4. The best way to avoid more hurt, rejection, etc., is to isolate myself.
- 5. _____

5. Theme: Physical

- 1. I am unattractive. God shortchanged me.
- 2. I am doomed to have certain physical disabilities. They are just part of what I have inherited.
- 3. _____

6. Theme: Personality Traits

- 1. I will always be _____ (angry, shy, jealous, insecure, fearful, etc.).
- 2. I will never be _____ (likable, lovable, happy, safe, content, etc.).
- 3. _____

7. Theme: Identity

- 1. I should have been a boy (girl), then my parents would have valued/loved me more ... etc.
- 2. Men (women) have it better.
- 3. I will never be known or appreciated for my real self.
- 4. I will never really change and be as God wants me to be.
- 5. I am not competent/complete as a man (woman).
- 6. _____

8. Theme: Miscellaneous

- 1. I have wasted a lot of time and energy, some of my best years.
- 2. Turmoil is normal for me.
- 3. I will always have financial problems.
- 4. _____

Beliefs about Others

9. Theme: Safety/Protection

- 1. I must be very guarded about what I say since anything I say may be used against me.
- 2. I have to guard and hide my emotions and feelings.
- 3. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I'll not be vulnerable, humiliated, or shamed.
- 4. The best way to survive is to (avoid, overpower) other people.
- 5. I will always need to be strong in order to protect and defend myself.
- 6. It's not safe to submit myself to anyone.
- 7. _____

10. Theme: Retaliation

- 1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.

11. Theme: Victim

- ___ 1. Authority figures will humiliate me and violate me.
- ___ 2. I will always be used and abused by other people.
- ___ 3. My value is based totally on others' judgment/perception about me.
- ___ 4. I am completely under their authority. I have no will or choice of my own.
- ___ 5. I will not be known, understood, loved, or appreciated for who I am by those close to me.
- ___ 6. The significant people in my life are not there for me and will not be there for me when I need them.
- ___ 7. _____

12. Theme: Hopelessness/Helplessness

- ___ 1. I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
- ___ 2. I have made such a mess of my life there is no use going on.
- ___ 3. I am a victim of my circumstances and there is no hope for change.
- ___ 4. I'm all alone.
- ___ 5. Something is wrong with me.
- ___ 6. _____

13. Theme: Defective in Relationships

- ___ 1. I will never be able to fully give or receive love. I don't know what it is.
- ___ 2. If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
- ___ 3. If I fail to please you, I won't receive your pleasure and acceptance of me.
- ___ 4. I must strive (perfectionism) to do whatever is necessary to try to please you.
- ___ 5. I will never be a priority with those in authority over me.
- ___ 6. _____

14. Theme: God

- ___ 1. God loves other people more than He loves me.
- ___ 2. God only values me for what I do. My life is just a means to an end.
- ___ 3. No matter how much I try, I'll never be able to do enough nor do it well enough to please God.
- ___ 4. God is judging me when I relax. I have to stay busy about His work or He will punish me.
- ___ 5. God has let me down before. He may do it again. I can't trust Him or feel secure with Him.
- ___ 6. _____
- ___ 7. _____

I come not pressured or coerced into this prayer ministry time.

Date: _____ Prayer Recipient: _____