



**Personal Intake Form**  
**CONFIDENTIAL**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Gender: Male  Female  Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Church \_\_\_\_\_ Denomination: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouses First Name: \_\_\_\_\_

Number of Children \_\_\_\_\_ Name(s), age(s), \_\_\_\_\_

Referred by: \_\_\_\_\_

Have you been in counseling or received psychiatric care, in the past? \_\_\_\_\_

Are you currently receiving counseling or psychiatric care? \_\_\_\_\_

Briefly describe why you would like to receive prayer ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

- |                        |                       |                        |                                |
|------------------------|-----------------------|------------------------|--------------------------------|
| _____ Anger            | _____ Alcoholism      | _____ Depression       | _____ Drug Addictions          |
| _____ Career Decision  | _____ Chronic Illness | _____ Eating Disorder  | _____ Emotional Abuse          |
| _____ Financial Crisis | _____ Insomnia        | _____ Grief/Loss       | _____ Excessive Anxiety/Fear   |
| _____ Loneliness       | _____ Low Self Esteem | _____ Marital Problems | _____ Occult Oppression        |
| _____ Physical Abuse   | _____ Relationships   | _____ Sexual Abuse     | _____ Unforgiveness/Bitterness |
| _____ Spiritual Abuse  | _____ Workaholic      |                        |                                |



Describe any other crisis you have experienced: \_\_\_\_\_

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Have you had any major surgeries, illnesses or accidents? (Please describe below)

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

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### SPIRITUAL HISTORY

Religious background in childhood (Please describe) \_\_\_\_\_

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Are you a Christian? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ uncertain

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, 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. \_\_\_\_\_

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### EMOTIONAL HISTORY

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. \_\_\_\_\_

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I was physically abused as a child. By whom? \_\_\_\_\_

Please describe some of your feelings. \_\_\_\_\_

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I was verbally abused as a child. By whom? \_\_\_\_\_

Please describe some of your feelings. \_\_\_\_\_

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

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\_\_\_ 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. \_\_\_\_\_

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\_\_\_ I suffer with low self-esteem. Please describe some of your feelings. \_\_\_\_\_

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

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\_\_\_ 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.

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\_\_\_ I have significant recurring dreams. If so, please describe. \_\_\_\_\_

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