

**Transforming Prayer Ministry
Intake Form 2013**

Name: _____ **Phone Number:** _____

E-Mail _____ **Interviewer:** _____

Date: _____

1. What brings you to desire Theophostic Prayer Ministry?

2. Briefly tell us a little about your spiritual journey, i.e. salvation and significant times of growth.

3. What do you do to keep yourself spiritually healthy?

4. Do you have someone in your life that holds you accountable spiritually? Who? How do you maintain accountability?

5. Describe a typical day.

6. Where do you work? How is your job going?

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7. What do you do for rest and relaxation?

8. Dr. Ed Smith gives a definition of a lie: “A lie is a false belief that was created by negative life experiences, wounds from others, and satanic influences.” Most conflict in relationships come when one person says or does something that the other person interprets from their own unresolved memories, which contain lies. Lies are revealed by the presence of strong negative emotions, such as fear, abandonment, shame, tainted, confusion, hopelessness, invalidation, and powerlessness. On a scale of 1-10 (10 being completely free) to what extent do you believe you are free of lies that consistently impact your life? What themes of lies are at times still difficult?

9. In what areas are you struggling personally? How are you dealing with them?

10. In the past how have you resolved emotional trauma (anger, marital discord, bitterness, and resentment)?

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11. Have you been physically or sexually abused? How have you dealt with the effect of this?

12. Do you struggle with an addiction? How long have you remained sober and what are you doing to maintain your sobriety?

13. Have you or any family member had any cult, occult or SRA (Satanic Ritual Abuse) experience(s)? If so, what & when? How did you deal with it?

14. Have you ever been suicidal? If so, when? Are you currently suicidal?

15. Are you currently seeing a professional counselor or have you seen one in the past? If so, please list dates and outcomes.

16. How do you deal with personal spiritual attacks?

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17. Describe on a scale of 1-10 (10 being very true of you) to the degree to which each of the following statements is true of you.

- a. Able to ignore pain _____
- b. Not sure whether one has done something or only thought about it _____
- c. Staring into space _____
- d. Finding evidence of having done things one can't remember doing _____
- e. Not sure if remembered event happened or was a dream _____
- f. Finding that there are years in which one has no memory of events that transpired _____
- g. Not remembering important events in one's life _____
- h. Hearing voices inside one's head _____
- i. Finding unfamiliar things among one's belongings _____
- j. Finding oneself in a place but unaware of how one got there _____
- k. Finding oneself sad and tearful _____
- l. Sleeping in excess or having ongoing difficulties getting to sleep or staying asleep _____
- m. Worrying about many details in life _____
- n. Feeling as if anger will explode within _____
- o. Believing others are out to get me _____
- p. Feeling as if many others think poorly of me _____
- q. Having difficulty concentrating _____
- r. Eating a lot more or less in recent weeks _____

18. Have you received a mental health diagnosis? If so, what diagnosis were you given?

19. Are you currently taking any psychotropic medications? If so, which medications?

20. Do you have any questions?

Please return to: Fax 239-689-9005 or E-mail DISCOVERY@RIVERSIDECHURCH.ORG