

The Life Center Supernatural Healing and Deliverance MINISTRY APPLICATION

Virtual Session ____ Onsite Session ____ Date of Ministry: _____

This questionnaire is an important part of providing you with the best ministry possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability, it will remain confidential as the law allows. The more detailed the better. **PLEASE PRINT CLEARLY. BLACK INK ONLY**

Name _____ Date _____
(First) (Middle Initial) (Last)

Marital Status: Single__ Married__ Divorced__ Widowed __; Male__ Female__ ; DOB _____

CONTACT INFORMATION

Full Address _____

Phone Number _____ E-Mail _____

SPIRITUAL BACKGROUND

Have you given your life to Christ? No__ Yes __ What was the approximate date? _____

Baptism of Holy Spirit with evidence of Speaking in Tongues? No__ Yes __ How often? _____

How is your present relationship with the Lord: Dissatisfied _____ Average _____ Distant _____ Close _____

Present and Past Church Affiliation: _____

PRESENT SITUATION

Please state the **one current issue** for which you would like to receive ministry. What is the most painful or difficult thing for you about this issue? What ways have you already tried to resolve this issue? Use blank page

How long has this impacted your life? List any similarities with painful situations in the more recent past.

What does God say about this problem? Has it affected your relationship with God? If so, how.

On a scale of 1-10 with 10 being excellent, **rate your relationship** with your Father? _____

On a scale of 1-10 with 10 being excellent, **rate your relationship** with your Mother? _____

Please complete ALL of the following:

1. The most important thing to me is... _____

2. I worry about... _____

3. I have sometimes felt guilty about... _____

4. I have been criticized for... _____

5. What makes me angry is... _____

6. My biggest mistakes were... _____

7. What makes me nervous is ... _____

8. I often felt that mother... _____
9. I often felt that father... _____
10. God to me is... _____
11. What hurts me most is... _____
12. My biggest problem in life is... _____

Please place a **"P"** for YOUR **Past** involvement and a **"C"** for YOUR **Current** involvement or a **"G"** for **Generational** (FAMILY) involvement on the lines below for any of the following that apply to you or your ancestors:

Occult/Cult Related:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Astrology | <input type="checkbox"/> Pendulum Readings | <input type="checkbox"/> Buddhism | <input type="checkbox"/> Spirit Guides |
| <input type="checkbox"/> Astral Projection | <input type="checkbox"/> Psychic Readings | <input type="checkbox"/> Christian Science | <input type="checkbox"/> Scientology |
| <input type="checkbox"/> Black Magic | <input type="checkbox"/> Reincarnation | <input type="checkbox"/> Eastern Religions | <input type="checkbox"/> Shamanism |
| <input type="checkbox"/> Demon Worship | <input type="checkbox"/> Séances | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Shriners |
| <input type="checkbox"/> Divination | <input type="checkbox"/> Superstition | <input type="checkbox"/> Islam | <input type="checkbox"/> Spiritualism |
| <input type="checkbox"/> Fortune Telling | <input type="checkbox"/> Sorcery | <input type="checkbox"/> Indian Occult Rituals | <input type="checkbox"/> Unitarian Church |
| <input type="checkbox"/> Horoscopes | <input type="checkbox"/> Tarot Cards | <input type="checkbox"/> Jehovah's Witnesses | <input type="checkbox"/> Wicca |
| <input type="checkbox"/> Mediumship | <input type="checkbox"/> Trance | <input type="checkbox"/> KKK | |
| <input type="checkbox"/> Mental Telepathy | <input type="checkbox"/> White Magic | <input type="checkbox"/> Masons | Others: |
| <input type="checkbox"/> Mind Control | <input type="checkbox"/> Witchcraft | <input type="checkbox"/> Mormonism | _____ |
| <input type="checkbox"/> Occult Control | <input type="checkbox"/> Voodoo | <input type="checkbox"/> New Age Movement | _____ |
| <input type="checkbox"/> Palm Readings | <input type="checkbox"/> Occult Sex/Ritual Abuse | <input type="checkbox"/> Satanic Worship | _____ |

What are the national and ethnic backgrounds of your ancestors? _____

Were you adopted? Yes No

Have you ever experienced any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Addictions of any kind | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Self-Mutilation |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Hearing Voices | <input type="checkbox"/> Severe headache |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Major Depression | <input type="checkbox"/> Sleep Disorder |
| <input type="checkbox"/> Demonic Dreams | <input type="checkbox"/> Memory Problems | <input type="checkbox"/> Suicide Attempts |
| <input type="checkbox"/> Disconnectedness | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Out of body experience |
| <input type="checkbox"/> Difficulties in relationships | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) |
| <input type="checkbox"/> Unable to cope well with emotional stress | <input type="checkbox"/> Sexual dysfunction, including sexual addiction or avoidance | |
- Any short-term or long-term physical or mental illnesses? Yes No. If yes, list the illness and year of illness. _____ Are you currently suffering from that illness? Yes No

Please check if you have related to any of the following questions at any time of your life?

- | | |
|--|--|
| <input type="checkbox"/> Do you end up places, but do not know how you got there? | <input type="checkbox"/> Does your handwriting change? |
| <input type="checkbox"/> Have people accused you often of lying? (Especially as a child) | <input type="checkbox"/> Are you afraid of being alone? |
| <input type="checkbox"/> Have you found things you do not remember purchasing? | <input type="checkbox"/> Are you afraid of men, doctors, or authority figures? |

Please include any other information that is relevant to your current problem. Use next page to explain fully.

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The Life Center Supernatural Healing & Deliverance Commitment, Waiver of Liability and Confidentiality

Expectation of Your Commitment:

I understand it is expected that I am to cooperate fully with my Minister and with the Holy Spirit in order to facilitate receiving God's help. My Minister may ask me to pray, fast, or do some outside 'homework' in conjunction with my ministry. They also may ask me to be accountable to them for some specific areas of my life or for some specific behaviors.

Waiver of Liability:

I understand that I will be seeing Life Center Supernatural Healing and Deliverance Ministers who will be able to listen, support, encourage, pray with, and minister to me to help me overcome problems and to grow in my Christian life. I accept that they are not licensed counselors, that they minister by the Christian Bible, and that they may or may not be ordained and/or full time ministers. 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/ministry. Thus I waive all rights to claim of liability. I accept that they may recommend further ministry for me by a pastor, counselor, home ministry group, support and/or other agencies where it could benefit me.

Waiver of Confidentiality:

I am aware that all statements that I should make to the Supernatural Healing & Deliverance Ministers 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 agree that my ministers may give a verbal or written summary report of the ministry to the Director of Supernatural Healing & Deliverance and or their designated representatives concerning their ministry to me with the purpose of providing me with more effective ministry.
2. I accept and acknowledge that, Supernatural Healing & Deliverance Ministers, LCM Leadership 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 to himself/herself or to others.
3. 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.
4. It is the policy of Life Center Ministries that any Life Center Member engaging in an ongoing sin that could represent a potential problem going forward, the Ministry Receiver would waive confidentiality for this issue to be shared with the Church Leaders.

By my signature I acknowledge that I have read and understand all of the above provisions, and that I accept the stated conditions and limits of liability and confidentiality.

Signature: _____

Person Receiving Ministry

Date: _____

Printed Name: _____

Date of Birth: _____

Full Address: _____

Phone: _____

Signature and Date of Parent or Guardian, if applicable: _____