



# Freedom Ministry Confidential Intake Form - King of Glory Church

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Present Church Membership, if applicable**

Have you accepted Jesus Christ as your personal Lord and Savior?

\_\_\_yes \_\_\_no \_\_\_uncertain -If yes, When/Age \_\_\_\_\_

### Marital Status:

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

### Family Background:

Spouse's Name: \_\_\_\_\_ How long married? \_\_\_\_\_

Children/Names/Ages: \_\_\_\_\_

Step-Children's names and ages:

Brothers / Sisters: \_\_\_\_\_

### What is the primary reason you are requesting ministry from this team?

\_\_\_\_\_  
\_\_\_\_\_

What avenues have you sought help in the past for this issue?

\_\_\_ Counseling, ~ dates and who \_\_\_\_\_

\_\_\_ Pastor, ~ dates and name of pastor \_\_\_\_\_

\_\_\_ Physician, ~ dates and name of physician \_\_\_\_\_

\_\_\_ Program, ~ dates and name of program(s) \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Are you under the care of a professional (medical or mental health) at this time?

\_\_\_ Yes \_\_\_ No - Do you currently take medication? \_\_\_ Yes \_\_\_ No

Meds take for: \_\_\_\_\_

## Emotional Background

Please check areas listed below that describes issues of struggle:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Drug Addiction            | <input type="checkbox"/> Alcoholism         | <input type="checkbox"/> Pornography / Fantasy    |
| <input type="checkbox"/> Depression                | <input type="checkbox"/> Anxiety, Fears     | <input type="checkbox"/> Loneliness / Rejection   |
| <input type="checkbox"/> Hopelessness              | <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Homosexuality            |
| <input type="checkbox"/> Sexual Abuse              | <input type="checkbox"/> Physical Abuse     | <input type="checkbox"/> Emotional / Verbal Abuse |
| <input type="checkbox"/> Physical Illness          | <input type="checkbox"/> Unresolved Grief   | <input type="checkbox"/> Unemployment             |
| <input type="checkbox"/> Stress /Crisis            | <input type="checkbox"/> Sleep Problems     | <input type="checkbox"/> Self-hate                |
| <input type="checkbox"/> Eating Disorder           | <input type="checkbox"/> Marital Problems   | <input type="checkbox"/> Low Self-esteem          |
| <input type="checkbox"/> Un-forgiveness            | <input type="checkbox"/> Bitterness         | <input type="checkbox"/> Unhealthy Relationships  |
| <input type="checkbox"/> Recovery from an accident |   | <input type="checkbox"/> Aggression /Violence     |
| <input type="checkbox"/> Passivity /Apathy         | <input type="checkbox"/> Confusion          | <input type="checkbox"/> Doubt                    |
| <input type="checkbox"/> Gambling                  | <input type="checkbox"/> A Broken Heart     | <input type="checkbox"/> Lust                     |
| <input type="checkbox"/> Anger                     | Other _____                                 |   |

### Please check the statements which apply to you:

- I was not a planned child.
- One of my parents thought I was not the "right sex" (should've been a boy /girl)
- I don't remember being loved physically (hugged, being held, nurtured) as a child.
- I had no father growing up. Why? (Deceased, absent, pre-occupied, etc.)
- I had no mother growing up. Why? (Deceased, absent, pre-occupied, etc.)
- One of my parents committed suicide. Who? \_\_\_\_\_ How old were you? \_\_\_\_\_
- I suffered abuse as a child. By whom? \_\_\_\_\_
- Please **circle type of abuse**: sexual, physical, emotional /verbal
- I had an alcoholic parent  Mom  Dad  Both
- I had a parent who used drugs.  Mom  Dad  Both
- I am adopted, My nationality is \_\_\_\_\_
- I had a traumatic event in my life that I can't get past – Explain: \_\_\_\_\_

- 
- I have a spouse who: uses drugs / alcohol / pornography / committed adultery
- I am divorced.
- Divorce is prevalent in my family.
- I have had an abortion(s). How many?
- I have had a miscarry or stillbirth. How many?
- I do not get along with my sibling(s). Why: \_\_\_\_\_

\_\_\_ My mother had abortions, miscarriages, or stillbirths. How many? \_\_\_\_\_

\_\_\_ I have trouble giving and /or receiving love.

\_\_\_ I am a perfectionist.

\_\_\_ I have been raped or molested by someone. – Who? \_\_\_\_\_

\_\_\_ I suffered an injustice which has never been resolved. Explain: \_\_\_\_\_

**Spiritual Background**

Please check any of the areas listed below which apply:

\_\_\_ Ouija boards \_\_\_séances \_\_\_horoscopes \_\_\_crystals \_\_\_tarot cards

\_\_\_psychic powers \_\_\_witchcraft \_\_\_fortune tellers \_\_\_feelings of an evil presence

\_\_\_out of body experiences \_\_\_preoccupation with death \_\_\_uncontrollable fears

\_\_\_extreme reactions to the name of Jesus \_\_\_New Age Concepts/Humanism

\_\_\_voices which try to convince you to do harm or evil \_\_\_Evolution beliefs

\_\_\_inability to focus or participate in Bible study or prayer

\_\_\_uncontrollable thoughts or behaviors \_\_\_legalistic religious background

\_\_\_had a family member who was involved in the occult or new age beliefs. If so, whom? \_\_\_\_\_

\_\_\_been involved sexually or intimate with someone who practiced occult or new age beliefs. – Who? \_\_\_\_\_

\_\_\_have had multiple sexual partners: \_\_\_ Male \_\_\_ Female \_\_\_Both

Describe any issue you feel is oppressing you spiritually:

Do you recognize unhealthy patterns in your life or marriage? If so, please describe:

Do you have trouble asking for forgiveness, receiving forgiveness, or forgiving others? Explain. \_\_\_\_\_

Have you or any family member been involved any cult groups such as Mormons, Scientology, Bahai, Unification Church, Christian Science, Jehovah’s Witnesses, Eastern religions, Freemasonry, Eastern Star, Rainbow Girls, Daughter of the Nile, Elk, Job’s Daughter, Shriner, **Please Circle**

Other? \_\_\_\_\_

