

Calvary Healing Prayer Ministry  
Confidential Personal Information Form

Healing prayer appointments last approximately one hour.

Please contact: [lucinda@calvary-mtairy.org](mailto:lucinda@calvary-mtairy.org) 301-829-0358

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

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

Date of Birth: \_\_\_\_\_

Spouse's first name: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Names and Ages: \_\_\_\_\_

Days/times available for prayer (ex: Mon 7 pm) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

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

Cell: \_\_\_\_\_ Home phone: \_\_\_\_\_

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

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_ Date of Baptism \_\_\_\_\_

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

I was referred by: \_\_\_\_\_

**Briefly describe what brings you to prayer ministry:**

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Check the issue(s) that pertain to you: rate degree of severity: 1 (low) to 5 (high)

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|---|---|---|
| <input type="checkbox"/> Depression               | <input type="checkbox"/> Chronic Illness  | <input type="checkbox"/> Sexual Identity        |
| <input type="checkbox"/> Marital Problem          | <input type="checkbox"/> Anger            | <input type="checkbox"/> Drug Addictions        |
| <input type="checkbox"/> Insomnia                 | <input type="checkbox"/> Physical Abuse   | <input type="checkbox"/> Loneliness             |
| <input type="checkbox"/> Eating Disorder          | <input type="checkbox"/> Alcoholism       | <input type="checkbox"/> Sexual Abuse           |
| <input type="checkbox"/> Grief/Loss               | <input type="checkbox"/> Low Self-Esteem  | <input type="checkbox"/> Emotional Abuse        |
| <input type="checkbox"/> Occult Oppression        | <input type="checkbox"/> Career Decision  | <input type="checkbox"/> Relationships          |
| <input type="checkbox"/> Workaholism              | <input type="checkbox"/> Financial Crisis | <input type="checkbox"/> Excessive Anxiety/Fear |
| <input type="checkbox"/> Unforgiveness/Bitterness |   |   |

Other Crisis (describe briefly):

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Describe your support system:

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Have you had any major surgeries, illnesses or accidents? If so, please describe.

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# SPIRITUAL HISTORY

Religious background in childhood (describe briefly).

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Are you a Christian? \_\_\_yes \_\_\_no \_\_\_uncertain

If yes, I consider myself to be: 1 2 3 4 5 6  
Committed detached

Church involvement: 1 2 3 4 5 6  
Very active detached

# 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:

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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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## **About the Occult**

Occult involvement means that we seek to gain knowledge or power from a spiritual source other than God. The special danger of occult involvement is that it appeals to our spiritual hunger, which is our innate desire to find the Lord, and diverts us from Him.

All occult involvement brings with it the possibility of demonic influence. Confusion begins when we consult spiritual forces besides God. The wrong things we do in innocence and ignorance can hurt us, as well as those things we do deliberately. God's forgiveness works not only for our sins, but also for our sins of ignorance.

As you read through the following list, ask the Holy Spirit to recall to your mind every occult involvement you may have had. Please place a check mark next to all possible occult activities, even if there is a question in your mind as to their occult nature.

1. Divination: seeking knowledge from forbidden sources (Deuteronomy 18: 9-16; Daniel 2: 26-28; Isaiah 2:6, 47: 10-15; Micah 5:12; Acts 16:16)

Fortune teller or psychic,  palm reading,  crystal ball,  tea leaves,  
 horoscope,  tarot card reading,  Ouija board,  Medium consultation,  
 channeling

2. Spiritualism: seeking contact with a forbidden spirit realm (1 Samuel 28:11; 2 Kings 21:6; Isaiah 8:19-22; Leviticus 19:31; and 20:6)

Séance or spiritualist meeting,  Transcendental meditation,  Mind control,  
 ESP,  sought apparitions not of God,  worshipped in a pagan shrine or temple?

3. Witchcraft: seeking power from forbidden spiritual sources (Galatians 5: 19-20; 1 Samuel 15:23, 28:7, 2 Kings 9:22, 23-25; 1 Chronicles 10:13; Isaiah 8:19, 19:3, 29:4,; Micah 5:12)

Casting spells,  played Dungeons and Dragons,  Black magic,  cursed anyone,  white magic,  used voodoo,  sought healing from spiritualist,  
 used or worn charms,  amulets,  incantations,  table lifting,   
levitation of objects or bodies,  pendulum swinging,  astral travel

4. Devil Worship: Satanism (2 Chronicles 11-15; Psalms 106: 37; 1 Corinthians 10: 20 – 22; Revelation 9:20-21, 13:4)

Attended meeting of a coven,  belonged to a coven,  attended a black mass,  made a promise or a pact with Satan,  victim of Satanic ritual abuse

5. Contact with Objects:

Have any object or book in your possession that may bring an evil presence or influence with it?

6. Group Membership

Member of Masons (including Eastern Star, DeMolay, Rainbow Girls)

7. Relationships

Have you had an Intimate relationship with someone involved in witchcraft

8. Generational Bondage (Exodus 34:6-7; Numbers 14: 17-19; Deuteronomy 5: 8 – 10; Joshua 22:16-29; Psalms 33:11; Jeremiah 11:10-13; Acts 2: 38-39)

Ancestors involved in witchcraft or spiritualism  
 Ancestors - member of Masons

9. Activities that may lead to demonic oppression:

- a. Have you ever been involved in protracted or intense sinful or addictive activities that have led to your being oppressed by a “spirit of sin” (ex pornography)?
- b. Have you ever been on a drug trip that could have opened you up to an evil presence when your spirit was “out there” and unprotected?
- c. Have you listened extensively to music that carried with it an evil or satanic influence (some hard rock groups have dedicated their music to Satan)?
- d. Likewise, have you subjected yourself to reading literature or watching movies that are evil in nature?
- e. Have you played games of an occult nature, using ESP, casting spells, trying telepathy, etc.
- f. Do you have a propensity towards superstition or a fascination with evil?