

Intake Form

Revised 11-25-19

Please go to www.heartofforgiveness.org to register

And pay by pay pal or mail your check along with this Intake Form to
Heart of Forgiveness
228 PR 2225
Lampasas, Texas 76550

Be sure to check the web site for the due date on your Intake form. There is a cut off time for intake forms due to our traveling to bring this teaching to you, and our own family needs before a teaching.

A late fee is charged of \$50 for intake forms received after the due date.

1Thessalonians 5:23 ^{“23} *And the very God of peace sanctify you wholly; and I pray God your whole spirit and soul and body be preserved blameless unto the coming of our Lord Jesus Christ.”*

Deliverance is a lifestyle of warfare – in order to attain and maintain freedom; a person needs to be willing to enter into battle with the intention of remaining combat-ready.

Name: _____

Phone: (_____) _____ - _____ Email: _____

Address: _____

Are you: Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Age: _____ Year Born: _____

Occupation: _____ Do you like your job? _____

Church Affiliation (if any) & Spiritual History Beliefs:

Presenting Problems & How Long You Have Had These Problems:

What Do You Want God to Do For You through your participation of this teaching?

Are you a Christian? _____ Have you been water baptized? _____ Have you been baptized in the Holy Spirit? _____

How often do you read the bible? _____

When you pray, are your prayers more for yourself, or for others? _____

Are you active in a church? _____

Are you hindered in: your prayer life _____ praise and worship _____

Bible reading _____ moving in the gifts of the Holy Spirit _____

Hearing God's voice? _____

Have you read "A More Excellent Way," by Pastor Henry Wright? _____

Pigs in the Parlor? _____ **Placebo ?** _____

Have you ever been to a deliverance ministry? _____ **when?** _____

Do you feel that you are called into ministry? _____

What Diseases are your Medications Prescribed For? (Use the back of this page if needed.)

Treatments, Including Surgery & Psychiatric:

Have you ever thought about suicide? _____ Have you tried to commit suicide? _____

Have you suffered a nervous breakdown? _____ Have you ever been in a mental ward? _____

Have you had shock treatment? _____

Diseases in Past Generations:

Has your spouse committed adultery that you know of? _____

Has your spouse been involved in the occult ? _____

How many times have you been married? _____

Generational Sins: example: adultery, spirit of control, addictions, alcoholism, drug abuse, bitterness, blame game, depression..... Of natural parents, and grandparents. If you were adopted and do not know, write "Unknown"

Mom: _____

Dad: _____

Grandparents (Maternal):

Grandparents (Paternal)

Siblings:

Has there been a history of physical illness in your family? Yes _____ No _____

If yes, what illnesses? _____

Your Birth Conditions and Mother's Pregnancy (Please the Mark Boxes that Apply):

<input type="checkbox"/>	Took drugs during pregnancy	<input type="checkbox"/>	Mom did NOT want you
<input type="checkbox"/>	Smoked during pregnancy	<input type="checkbox"/>	Dad did NOT want you
<input type="checkbox"/>	Drank alcohol during pregnancy	<input type="checkbox"/>	You were given up for adoption
<input type="checkbox"/>	Experienced trauma during pregnancy.	<input type="checkbox"/>	Next child after miscarriage / abortion
<input type="checkbox"/>	You were conceived out of rape	<input type="checkbox"/>	Conceived out of wedlock
<input type="checkbox"/>	Dad died / left during pregnancy	<input type="checkbox"/>	Premature birth
<input type="checkbox"/>	Too young / not ready for kids	<input type="checkbox"/>	C-section delivery
<input type="checkbox"/>	You were the wrong sex	<input type="checkbox"/>	Pregnancy / Delivery complications

Family Patterns (Please Mark the Boxes that Apply):

<input type="checkbox"/>	Lack of communication b/w spouses	<input type="checkbox"/>	Addictions
<input type="checkbox"/>	Lack of communication b/w parents & child	<input type="checkbox"/>	Business, financial, other losses
<input type="checkbox"/>	Men dominate over women	<input type="checkbox"/>	Children favored, idolized
<input type="checkbox"/>	Women dominate over men	<input type="checkbox"/>	Children not valued, neglected
<input type="checkbox"/>	Broken marriages/divorce	<input type="checkbox"/>	Rivalry, fights, feuds
<input type="checkbox"/>	Family Secrets	<input type="checkbox"/>	Chronic illness/sickness
<input type="checkbox"/>	Unfulfilled lives and/or destiny	<input type="checkbox"/>	Premature deaths
<input type="checkbox"/>	Men/women workaholics	<input type="checkbox"/>	Most family members saved
<input type="checkbox"/>	Abuse: emotional, verbal, physical	<input type="checkbox"/>	Most family members NOT saved
<input type="checkbox"/>	Abuse: sexual or Incest	<input type="checkbox"/>	Pride/ Arrogance

Explanation/Other: _____

Have you or your spouse had an abortion or attempted an abortion? _____

Parental Relationships:

Natural Parents: Married _____ Separated _____ Divorced _____ Never Married _____

Rate Parents Marriage: Unhappy _____ Average _____ Happy _____ Very Happy _____

IF parents separated or divorced, how old were you? _____

Father remarried when you were _____ **Mother remarried when you were** _____

You lived with Mother _____ Father _____ Foster _____ Other Family Member _____ Other _____

Step Parents? _____

Parents alive? _____

Deceased, if so how old were you when they passed away? _____

Very honestly, when you look in the mirror what do you see? What do you believe about yourself?

Significant Life Events/Traumatic Experiences:

<input type="radio"/> Childhood <input type="radio"/> Teenager <input type="radio"/> Adulthood <input type="radio"/> Adopted <input type="radio"/> Does not apply	<input type="radio"/> Abortion <input type="radio"/> Murder <input type="radio"/> Rape <input type="radio"/> Incest <input type="radio"/> Does not apply	<input type="radio"/> Molestation <input type="radio"/> Sexual Abuse <input type="radio"/> Emotional Abuse <input type="radio"/> Controlled by another <input type="radio"/> Does not apply	<input type="radio"/> Death of loved one <input type="radio"/> Physical attack <input type="radio"/> Does not apply
<input type="radio"/> Divorce Does it run in your family? <input type="radio"/> Yes <input type="radio"/> No		<p>Please, explain answers as well as ANY other significant events that had an impact on your life, or traumatic experiences on next page. Even having seen abuse, etc. <u>All of this needs to be written down, it's very important.</u></p>	

Very honestly, what do you think others see when they look at you?

Were you abused as a child? Sexually _____ Verbally _____ Emotionally _____
Controlled _____ Neglected _____

Have you ever been molested or raped? _____
Who was the first person that you willingly had sex with? Your spouse _____ first love _____
Experimentally _____ What was your age? _____

Very honestly, what do you think God sees when He looks at you or how do feel about yourself?

- Please underline..... if any of these statements describes your thoughts:**

Rejection: I don't belong. No one cares what I feel. No one will love or care about me, just for me. I will always be lonely. There is no 'special someone' for me.

Unworthiness: I am not worthy of love, God, friends, spouse, life or anyone's effort. I am a bad person. Everything is my fault. If you knew the real me, you would hate me. I have messed up so badly, I have missed out on what God had for me.

Self-Worth, Value Recognition: I never get credit for what I do. My value is in what I do, even when I do/give my best, it's not enough. God doesn't care if I have a secret life, as long as I am a "good person". I am valuable, because I do good to others.

Control: I have to plan everything. I continually strategize. I can't relax if I don't have a plan. The perfect life does not allow conflict, so there is peace. I isolate myself from other people and/or animals, so I won't be hurt, rejected, etc. anymore. I am passive so I can avoid conflict that would bring disapproval from others.

Physical: I am ugly and unattractive. I am fat. God short-changed me. I am doomed to have certain physical disabilities.

Personality Traits: I am angry, jealous, shy, insecure, fearful, happy, passive, etc. I will never be likeable, loveable, happy, safe, content, etc.

Identity: I should have been a boy/girl, and then my parents would have loved me. "So and So" has it better than me. I could never be who God really wants me to be.

Miscellaneous: I have wasted a lot of time and energy/my best years! Turmoil is normal for me. Drama, drama, drama is my lifeI will always have money issues. I just don't have the time, energy, resources, etc. to fully follow God.

Conflicts, Unforgiveness & Resentment (Do you have any conflict, un-forgiveness and/or resentment with people in your relationships? Family? Another person? Yourself? God? If YES, please explain):

Have you ever been Hypnotized? _____

Do you watch video music chanel? _____ **Soap Operas?** _____ **Pornography?** _____

Free Masonry involved in present and past generations: e.g. (The Masonic Lodge, Shriners, Eastern Star, Demolay, Rainbow Girls, The Illuminati, Moose Lodge etc.): This brings on generational curses of disease, and accidents and premature death.

Occultism: Have you practiced or participated in Occult activities? e.g. (Astrology, Fortune Tellers, Tarot Cards, Yoga, practiced American Indian rituals, meditation, New Age Healing, mind control, Young Living Essential Oils, Reflexology, Channeling, Acupuncture, Accupressure, Ouija Board, been a part of a secret organization?, Practiced Depak Chopra, Hinduism, Buddhism, Wicca, Witchcraft, Muslim? Played with magic? Practiced Martial Art or Yoga? Celebrated Halloween, etc.)

Have you ever been involved in Satanic Ritual Abuse? Were family members involved?

What is the most frightening thing that you have ever experienced?

If you feel it necessary to explain more, please keep your explanation about yourself, not about family members or about your ex's. This is not about blame, but about taking responsibility for your own actions.

Make a list on your own and bring it with you to the teaching, of the people that you have unforgiveness towards. Please do not attach this list to your Intake form.