HOPE & WHOLENESS MINISTRIES

Chains Broken. Minds Renewed. Hope Restored.

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OPPRESSION HEALING IN-TAKE FORM

Pre-Deliverance History — Strictly Confidential

Please fill out this form to prepare the deliverance team for their session with you. Write "N/A" in any area that does not apply. Please use additional paper if required and record the Question Number with your answer. Please sign the Liability Release at the bottom. All information is strictly confidential and will be viewed only by those involved in personal ministry with you.

PERSONAL INFORMATION

Today's Date: _____ Your Full Name: _____

Spouse's Name: _____ Date of Birth: _____

Your Address: _____

Phone: _____ Email: _____

Prior Marriages? ■ Yes ■ No If Yes, how many? _____

Names of Children: _____

Were you the first born? ■ Yes ■ No Are you a Born-Again Christian? ■ Yes ■ No

Where and at approximately what age did you accept Christ?

Best Time To Meet: ■ Weekdays ■ Weeknights ■ Weekends

BACKGROUND & HISTORY

The purpose of these questions is to help determine possible entryways for evil spirits. Generational/ancestral permission as forewarned in Exodus 20:5 is a possibility in anyone's life.

1. In what areas would you like to experience breakthrough?

2. Are you aware of ancestor involvement in: occult, sexual perversion, alcoholism, depression, mental disorders, divorce, adultery, anger, criminal activity, Masonry, Eastern Star, Rainbow Girls, Oddfellows, Rebecca Lodge, etc.? ■ Yes ■ No If Yes, explain:

3. Any trauma during your mother's pregnancy? Accidents, divorce, spoken words, etc.?

4. Early childhood fears, injuries, nightmares, or supernatural encounters?

5. Any sexual abuse or sexual embarrassment through childhood?

6. Condemnation spoken over you by parents or others? Humiliating experiences at school?

7. Any physical abuse from parents or others?

8. Any involvement with Ouija Boards, Magic 8 Ball, seances, fortune tellers, tarot cards, astrology, horoscopes, books about magic, Harry Potter, Pokemon cards, etc.?

9. Please list accidents or injuries that were frightening to you at the time:

10. Please list surgeries and approximate age:

11. Movies or TV programs that were particularly frightening, or scenes that stick in your memory:

12. Have you participated in pre-marital sex? ■ Yes ■ No

13. Periods of or habitual immorality? (Including pornography, sexual fantasy, promiscuity, etc.)

14. What do you think may be areas of demonic influence in your life?

15. Any significant problems in the home?

16. Are your parents divorced? ■ Yes ■ No If Yes, how old were you? _____

17. Unusual feelings: never really felt loved, couldn't please parents, feelings of worthlessness, etc.?

18. Have you been exposed to pornography? ■ Yes ■ No If Yes, how old were you? _____

PLEASE ANSWER THE FOLLOWING (YES OR NO)

19. Homosexual tendencies? ■ Yes ■ No	**20.** College fraternities or sororities? ■ Yes ■ No
21. Feelings of guilt and shame? ■ Yes ■ No	**22.** Hopelessness? ■ Yes ■ No
23. Fatigue without medical reason? ■ Yes ■ No	**24.** Have you had an abortion? ■ Yes ■ No
25. Difficulty in forgiving? ■ Yes ■ No	**26.** Bitterness, anger, or unforgiveness? ■ Yes ■ No
27. If so, can you forgive? ■ Yes ■ No	**28.** Feelings of self-hate? ■ Yes ■ No
29. Have you suffered from self-harm? ■ Yes ■ No	**30.** Feelings of gloom? ■ Yes ■ No
31. Do you feel rejected? ■ Yes ■ No	**33.** Ever felt a presence in a room? ■ Yes ■ No
34a. Do you have nightmares? ■ Yes ■ No	**34b.** Do you hear voices? ■ Yes ■ No
37. Difficulty trusting others? ■ Yes ■ No	**38.** Death of someone close? ■ Yes ■ No
39. Eating disorders? ■ Yes ■ No	**40.** Sleep disorders? ■ Yes ■ No
43. Imaginary friends as a child? ■ Yes ■ No	**44.** Foul thoughts during church/ministry? ■ Yes ■ No
45. Difficulty retaining God's Word? ■ Yes ■ No	**46.** Difficulty reading the Bible? ■ Yes ■ No
47. Migraine headaches? ■ Yes ■ No	**48.** Any addictions? ■ Yes ■ No
49. Learning disability (ADD, etc.)? ■ Yes ■ No	**50.** Fear of death? ■ Yes ■ No
51. Suicidal thoughts? ■ Yes ■ No	**52.** Period of anger toward God? ■ Yes ■ No
53. Fear of losing your mind? ■ Yes ■ No	**54.** Anxiety or panic attacks? ■ Yes ■ No
55. Incredible loneliness? ■ Yes ■ No	**56.** Plagued with doubt and unbelief? ■ Yes ■ No
57. Feelings of inferiority? ■ Yes ■ No	**58.** Thoughts of inadequacy? ■ Yes ■ No
59. Obsessive thoughts? ■ Yes ■ No	**60.** Blasphemous thoughts? ■ Yes ■ No
61. Compulsive thoughts? ■ Yes ■ No	**62.** Lustful thoughts? ■ Yes ■ No
63. Excessive daydreaming? ■ Yes ■ No	**64.** Are you a perfectionist? ■ Yes ■ No
65. Things always out of order? ■ Yes ■ No	**66.** Need to be in control? ■ Yes ■ No
67. Are you rebellious? ■ Yes ■ No	

32. Objects at home related to ungodliness/cults? (New age, crystals, Wiccan/occult, etc.) ■ Yes ■ No If Yes, identify:

33 (explain). If you felt a presence, please explain:

34 (explain). If nightmares or voices, please give an example:

35. Diagnosed with any medical condition? ■ Yes ■ No If Yes, list:

36. Inexplicable pain with no medical explanation? ■ Yes ■ No If Yes, explain:

37 (explain). If difficulty trusting others, do you know why?

38 (explain). If someone close has died, whom?

39 (explain). If eating disorders, when did they begin? Height: _____ Weight: _____

41. Any other medically defined disorder? ■ Yes ■ No If Yes, explain:

42. Family history of tuberculosis, diabetes, ulcers, cancer, heart disease, asthma, or other? ■ Yes ■ No If Yes, explain:

43 (explain). If imaginary friends as a child, what were their names?

54 (explain). If anxiety or panic attacks, when and how did they begin?

68. Feelings of Insecurity? (Circle: 1 2 3 4 5 6 7 8 9 10) — 10 being worst
68 (explain). Please briefly explain your response:

69. SYMPTOMS OF DEMONIC ATTACK — Check Any That Apply

Note: A few symptoms may not indicate demonic oppression, but these are very common for those under demonic attack.

■ Compulsive desire to blaspheme God	■ Revulsion against the Bible
■ Compulsive thoughts of suicide or murder	■ Deep bitterness/hatred toward others without reason
■ Compulsive temptations toward unwanted thoughts	■ Compulsive desire to tear others down
■ Terrifying guilt even after confession	■ Choking sensations
■ Moving pains with no medical cause	■ Tightness about the head or eyes
■ Dizziness, blackouts, or fainting	■ Deep depression and despondency
■ Violent rage or seething hostility	■ Terrifying doubt of one's salvation
■ Seizures of panic or terrifying fear	■ Horrific recurring nightmares
■ Abnormal or perverted sexual desires	■ Sleep/eating disorders without physical cause
■ Compulsions and obsessions	■ Rebellion and hatred for authority
■ Bizarre uncontrollable thoughts	■ Fascination with the occult
■ Involvement in criminal activity	■ Extremely low self-image
■ Constant confusion in thinking	■ Inability to believe
■ Mocking/blasphemous thoughts against preaching	■ Perceptual distortions
■ Violent thoughts (suicidal, homicidal, self-abuse)	■ Hatred/bitterness toward others for no reason
■ Hostility when encountering deliverance work	■ Feeling watched or sensing an evil presence
■ Irrational fears, panic attacks, phobias	■ Irrational anger or rage
■ Irrational guilt/self-condemnation	■ Severe personality and attitude changes
■ Strong aversion to scripture and prayer	■ Dark countenance, inability to look at others
■ Compulsive lying, exaggerating, or stealing	■ Drug abuse with demonic hallucinations
■ Eating obsessions (bulimia, anorexia)	■ Compulsive sexual sins or perversions
■ Irrational laughter or crying	■ Irrational violence or compulsion to hurt self/others
■ Reactions to the name/blood of Jesus Christ	■ Extreme restlessness in spiritual settings
■ Voices heard in the mind (mocking, accusing, threatening)	■ Supernatural experiences, hauntings, manifestations
■ Loss of time or memory blackouts	■ Extreme sleepiness around spiritual things
■ Sudden interference with bodily functions	

Additional Comments:

LIABILITY RELEASE

I hereby acknowledge and affirm that all answers given by myself in response to the questions in this form are voluntarily submitted and that the information is true to the best of my knowledge. I hereby release, indemnify and forever hold harmless **Hope and Wholeness Ministries** and its agents, staff, employees and volunteers of any damages, real or perceptual, arising from personal ministry in connection with the information submitted herein.

Printed Name: Date:

Signature: _____

Parent or Legal Guardian Name (if person is under 18):

Signature of Parent or Legal Guardian:

Once completed, please email this form to: **hopeandwholenessinchrist@gmail.com**

Hope & Wholeness Ministries — All information is strictly confidential.