

AGREEMENT FOR PRAYER MINISTRY

This ministry is called prayer ministry. It is considered a form of pastoral counseling, not professional counseling. We are ministers and prayer mentors, we are not licensed as a professional counselors. We work with you only as you choose to work with us. Though we suggest a donations, we do not refuse anyone for whom this amount is inconvenient.

God has seen fit to work with and through Everfree in moving people toward freedom from spiritual, emotional and even physical problems. It is our expectation that our time will be led but the Holy Spirit, and will help you through our time together. We have no specific agenda in our time together. The goal of inner healing and deliverance ministry is to heal wounds and remove spiritual obstacles to our intimacy with God.

What usually happens in this type of ministry is that God brings a kind of “spurt” toward wholeness in each session. Sometimes additional work is necessary for a person to attain the complete freedom he/she and God desire. It may be advisable for the person to receive help from a professional counselor as well. I strongly advise this, especially in dealing with dysfunctional habits. It is always advisable for the person to actively pursue spiritual disciplines such as church attendance, prayer, Bible study and worship.

We are committed to keep confidential whatever you share with me. We are, however, required by law to report to appropriate persons two kinds of things:

- Any intent of a person to take harmful, dangerous, or criminal action against another person or against him/herself, or
- Any act of child or elderly abuse or neglect.

If it appears that such notification needs to be given, that intention will be shared with you first.

In order to provide the appropriate legal protection, We ask that each person sign the following Statement of Release.

I hereby release Everfree (and its facilitators) from any liability should this ministry session not live up to my expectations or lead to any spiritual, emotional or physical dysfunction.

Signed Client _____ Date _____

Signed, Keith Peeler _____ Date _____

PERSONAL HISTORY QUESTIONNAIRE

IDENTIFICATION DATA

Name _____
Address _____
Telephone _____ Occupation _____
Sex ___ Age ___ Education (highest grade) _____
How many older brothers _____ sisters _____ do you have?
How many younger brothers _____ sisters _____ do you have?
Were you raised by anyone other than your parents? Briefly explain

MARRIAGE INFORMATION

Marital status _____ Name of spouse _____
Your spouse's age _____ Occupation _____
Education (spouse's highest grade) _____
Date of marriage _____ Your ages when married: Husband _____ Wife _____
Have you ever been separated? _____ When? _____ How long? _____
Have either of you ever filed for divorce? _____ When? _____ Who? _____
Is your spouse willing to come for counseling? Yes/No/Uncertain
Give brief information about any previous marriages: _____

INFORMATION ABOUT CHILDREN

Name	Age	Sex	Living (Yes/No)	Marital Status
1)				
2)				
3)				
4)				

Have you had and miscarriages/abortions Yes/No. Which?

PARENTS' RELATIONSHIP

Are your parents presently married? Alive or deceased? Any step-parents or adoption? Explain _____

Did your parents want you? _____ Is it likely they were fighting while you were in the womb? _____ Was there a sense of security and harmony in your home during the first twelve years of your life? _____

How was authority exercised in the home? Which parent was in charge and how did he/she operate? _____

How was affection shown between your parents and toward you?

Are you aware of any adultery and/or incest in your family or that of your grandparents?

Explain _____

Have any of your parents, grandparents or great-grandparents to your knowledge ever been involved in any occultic, cultic or non-Christian religious practices? Use extra paper if necessary _____

Briefly explain your parents' Christian experience (i.e. were they Christians and did they profess and live their Christianity)? _____

FAMILY HEALTH

We respect your privacy and do not NEED any of the information below about your health. It can be helpful in determining how we pray, but we are not a medical establishment and we are not HIPPA compliant. The following is strictly voluntary.

Any addictions in your family (e.g. alcohol, drugs, gambling, eating disorders, etc.)? _____

Any history of mental or emotional illness? Epilepsy? _____

Any history of any of the following?

___ Tuberculosis ___ Heart disease ___ Diabetes
 ___ Cancer ___ Ulcers ___ Glandular problems
 ___ other _____

Describe your family's concern for:

Diet _____ Exercise _____ Rest _____

PERSONAL INFORMATION

Have you ever had any psychotherapy, counseling or prayer ministry? Yes/No
 If yes, which? _____ when? _____

What was the outcome? _____

Circle of any of the following words that best describe you now:

active,	nervous	moody	calm
ambitious,	hardworking	often blue	serious
self-confident,	impatient	excitable	easygoing
persistent,	impulsive	imaginative	shy
introvert	good-natured	likeable	leader
extravert	quiet	hard-boiled	submissive
sensitive	self-conscious	lonely	

MORAL CLIMATE

Rate the family atmosphere in each of the following areas during the first 18 years of your life:

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing	5	4	3	2	1

Sex	5	4	3	2	1
Dating	5	4	3	2	1
Movies	5	4	3	2	1
Music	5	4	3	2	1
Reading material	5	4	3	2	1
Free will	5	4	3	2	1
Drinking	5	4	3	2	1
Smoking	5	4	3	2	1
Church attendance	5	4	3	2	1

HEALTH INFORMATION

Physical:

Rate your health (circle) Very good/Good/Average/Declining/Poor

List all important present or past illness or injuries or handicaps_____

Date of last medical examination_____ Report_____

Are you presently taking medication? Yes/No What?_____

Have you used drugs for other than medical purposes? Yes/No What?_____

Describe your eating habits (i.e. are you a junk food or health food addict, do you eat regularly or sporadically, is your diet balanced)_____

Do you have addictions or cravings you find it difficult to control (sweets, drugs, alcohol, food,sex?)_____

Mental/Emotional

Have you ever had a severe emotional upset? Yes/No

Explain_____

Where would you put yourself on this optimism-pessimism scale?

Events: Pessimism 5 4 3 2 1 Optimism
(i.e. things that happen tend to be bad/good.)

People: Pessimism 5 4 3 2 1 Optimism
(i.e. people tend to be evil/good)

Do you (have you) fear(ed) that you might "crack up" Yes/No.

Explain_____

Have you ever been arrested? Yes/No Why?_____

How much time do you spend weekly watching TV?_____

How much time do you spend a week reading? What do you read_____

How much do you listen to music? What kind(s)?_____

Are you emotionally honest with God? Yes/No

Explain_____

Which of the following best describes how you handle positive and negative emotions? If you create various emotions differently, feel free to list them in the appropriate blanks.

___readily express all emotions ___express some of my emotions but not all
___acknowledge their presence but reserved ___tend to suppress my emotions

___ find it safest not to express how I feel ___ tend to disregard how I feel since I can't trust my feelings ___ consciously or subconsciously deny them since it is too painful to deal with some of them

Check and explain any problems with any of the following:

- | | | | |
|--------------------|--------------------------|-----------------|------------------|
| ___ Shame | ___ Hatred | ___ Fear | ___ Inadequacy |
| ___ Guilt | ___ Self-Hatred | ___ Worry | ___ Unworthiness |
| ___ Deception | ___ Rejection | ___ Anxiety | ___ Insecurity |
| ___ Anger | ___ Self-Rejection | ___ Panic | ___ Inferiority |
| ___ Bitterness | ___ Abandonment | ___ Lust | ___ Doubt |
| ___ Resentment | ___ Neglect | ___ Fantasy | ___ Skepticism |
| ___ Depression | ___ Death Wish | ___ Pornography | ___ Pride |
| ___ Loneliness | ___ Suicidal Thoughts | ___ Rebellion | ___ Obsessions |
| ___ Headaches | ___ Blasphemous Thoughts | | |
| ___ Compulsiveness | ___ Other _____ | | |

RELIGIOUS BACKGROUND

What church do you presently attend? _____

Who is the pastor? _____

Church attendance (times per month): 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood _____ Baptized? Yes/No

Religious background of spouse (if married?) _____

Do you know for certain you will go to heaven when you die? Yes/No

What is the basis for answering the preceding question as you did?

Are you plagued with doubts concerning your salvation? Yes/No

How much do you read the Bible? Never/Occasionally/Often

How much time do you spend praying? Do you find praying difficult? How do you pray? Explain _____

Do you have a regular personal time with God? Yes/No

Do you have regular family devotions? Yes/No

When attending Christian meetings are you plagued with foul thoughts, jealousies or other mental harassment? Explain?

Explain any recent changes in your religious life _____

Have you ever been involved either in reading or in practice with metaphysics?

Explain _____

Have you ever taken a class or read books on parapsychology?

Have you ever heard voices in your mind?

Describe any other experiences you may have had that would be considered out of the ordinary _____

Have you had any experience in the following cults and religions. Explain:

- | | | | |
|-------------------|-----------------------|------------------|------------|
| ___ Occult | ___ Cults | ___ Religions | ___ Astral |
| ___ Projection | ___ Christian Science | ___ Zen Buddhism | |
| ___ Ouija Board | ___ Unity | ___ Hare Krishna | |
| ___ Table Lifting | ___ Scientology | ___ Baha'iism | |

- | | | |
|--|---|---|
| <input type="checkbox"/> Speaking in Trance | <input type="checkbox"/> The Local Church | <input type="checkbox"/> Rosicrucianism |
| <input type="checkbox"/> Automatic Writing | <input type="checkbox"/> The Way International | <input type="checkbox"/> Science of Mind |
| <input type="checkbox"/> Visionary Dreams` | <input type="checkbox"/> Unification Church | <input type="checkbox"/> Silva Mind Control |
| <input type="checkbox"/> Telepathy | <input type="checkbox"/> Unitarianism | <input type="checkbox"/> Echkantar |
| <input type="checkbox"/> Clairvoyance | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> EST |
| <input type="checkbox"/> Fortune Telling | <input type="checkbox"/> Children of God | <input type="checkbox"/> Trancendental |
| <input type="checkbox"/> Tarot Cards | <input type="checkbox"/> Mormonism | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Healing Magnetism | <input type="checkbox"/> Freemasonry | <input type="checkbox"/> Islam |
| <input type="checkbox"/> Palm reading | <input type="checkbox"/> New Age | <input type="checkbox"/> Black Muslim |
| <input type="checkbox"/> Blood Pacts | <input type="checkbox"/> Worldwide Church of | <input type="checkbox"/> Hinduism |
| <input type="checkbox"/> Astrology | <input type="checkbox"/> God (Armstrong) | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Rod and Pendulum | <input type="checkbox"/> Magic (black or white) | |
| <input type="checkbox"/> Theosophy (dowsing) | <input type="checkbox"/> Amateur Hypnosis | Other _____ |

BARRIERS TO FREEDOM

Deception vs Truth (study 1 John 1:4-2:2)

Are you aware that you have been believing any lies concerning life, yourself, others, etc.? _____

Are you aware of any self-deceptions such as

- ___ Denial of reality
- ___ Fantasy escape
- ___ Attempts to identify self as someone else
- ___ Emotional Passivity
- ___ Attempt to retreat to earlier stage of life
- ___ Venting feelings on people weaker than those who hurt you.

Are you given to defending yourself by:

- ___ Covering up your weaknesses by overdoing strengths
- ___ Blaming others for your own problems
- ___ Rationalization to justify yourself

Bitterness vs Forgiveness (study Eph 4:31)

Ask God to bring to mind every relationship where there are feelings of resentment or bitterness and list them. Include God.

Ask God to reveal to you every person you need forgiveness from and list them

Rebellion vs Submission (study Rom 13:1-5)

Examine yourself with regard to any rebelliousness in relation to each of the following. Notice that each passage promises a blessing for a submissive response.

1. Civil government (1 Tim 2:1-3; 1 Pet 2:13-16)
2. Parents (Eph 6:1-3)
3. Husband (1 Peter 3:1-3)
4. Employer (1 Pet 2:18-21)
5. Church leaders (Heb 13:17)

Record any thoughts that come to you in this regard: _____

Pride vs Humility (study James 4:6-10)

Examine yourself to see if you are consciously or unconsciously seeking your will more than God's. Record below any thoughts that come to you in this regard

Bondage vs Freedom (study Gal 5:1)

Examine yourself in the light of the following passages:

- | | |
|-------------|-----------------|
| Rom 1:24-31 | 1 Cor 6:9-11 |
| Gal 5:19-21 | Rev 21:8, 22:15 |

Record any thoughts that come to your mind in this regard:

FOUR IMPORTANT QUESTIONS

In your own words describe and evaluate your problems?

What have you done about it?

What are your expectations in coming to us for ministry?

Is there any other information we should know?
