

Deliverance and Prayer Session Form

Please read the front-page statement very carefully; then, if you are in agreement with the requirements, sign your name at the bottom. Please feel free to ask any questions on anything that is not clear to you before you sign.

THE PURPOSE OF THIS FORM: To receive the maximum benefit from the prayer session(s), we will need as much information about the areas in this form as you are willing to provide. These questions are based on the areas that are often known to provide “access points” for spiritual bondages, curses and strongholds. The honesty and openness of your answers will directly determine how effective this session will be for you. The more honest you are, the more liberty can be gained for you.

THE GOAL OF THE SESSIONS: Our goal in the sessions is to apply the authority of Christ to the life of the bound believer according to the biblical principles of prayer and deliverance, so that the recipient can experience full freedom from the bondages, curses and strongholds of Satan. We do this by:

1. Identifying and breaking off any inherited or assigned curses in the believer's life;
2. Leading the believer into biblical forgiveness of anyone who has hurt and offended them;
3. Leading the believer into biblical repentance for all sinful acts, thoughts and habits;
4. Applying the blood of Jesus Christ to the damaged areas of the believer's life;
5. Exercising our authority in Jesus' name to take away the right of the demonic spirit to afflict and torment the believer;
6. Asking the Holy Spirit to fill in the empty places of the believer's life with His attributes.

THE REQUIREMENTS: Before this session will take place, the recipient must meet the following criteria:

1. They **MUST** be a born again believer with the desire to live right before the Lord;
2. They must be willing to forgive those who have wounded them and turn away from all sinful habits and lifestyles;
3. They must be as honest as possible with the deliverance workers about their life.
4. They must be prepared for at least a 2-3 hour session each meeting.

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OUR COMMITMENT TO YOUR PRIVACY: We agree not to share any information placed on this deliverance form with anyone outside of the session.

(Exception: By law, we are required to report any confessed acts of ongoing child molestation and sexual abuse to the proper authorities.) No copies will be made; once this session is completed, the form with all of its information and notes will be destroyed or turned over to the counselee.

FOLLOW UP: Depending on the circumstances, more than one session may be needed. Just as the prayer team is committed to see the process through to the end, we are asking that the participant also be willing to see the process through to the end. An incomplete process could endanger the progress gained.

Note: This is a **prayer ministry only**. We are neither psychological nor medical professionals. We do not charge for our time. We request that you sign this instruction sheet, as well as the legal form that follows, stating that you are voluntarily requesting prayer and promise not to sue us for praying for you.

When your form is completed, please return it at least 7 days before your session time. The prayer workers will have arranged their schedules so they may be available for your session; if you cannot keep your appointment, please be courteous and call _____ at _____ to cancel or reschedule at least 24 hours in advance.

I have read this document and agree to comply with fully with the requirements stated.

Signature: _____

Parental Signature (if counselee is a minor): _____

Printed Name: _____ **Date of Birth:** _____

Address: _____

City/State/ZIP: _____

Date: _____

Phone: _____

Marital Status: *Single / Married / Divorced / Separated*

Current Profession: _____

(last form update: 10/15/2011)

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Please answer the following questions briefly in the space provided:

1. What is your church background? (i.e., Denomination) _____

2. Have you ever been hurt by a church or its leaders? Yes No

3. Explain your Christian conversion experience: If you came to Christ as a teen or older, was your life really changed? _____

4. Were you baptized as a child? Yes No Not Sure _____

5. In a very few words, who is Jesus Christ to you? _____

6. What does the blood of Jesus mean to you? _____

7. Is repentance a part of your Christian life? _____

8. Tell me what your prayer life is like. _____

9. Are you sure about your salvation? _____

10. Do you have a problem with doubt and unbelief in your every day Christian living?

Yes No

11. Are you satisfied with your Christian walk? Yes No

CATEGORY A – Family Relationships (Circle or check all answers that apply)

1. Was your relationship with your parent(s): (circle one)

a. Good Bad Indifferent Didn't Know Them

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i. Were there any special problems with your father? Yes No

ii. Any with your mother? Yes No

iii. With your brother(s) or sister(s)? Yes No

2. Were you a planned child? Yes No Not Sure

a. Were you the gender that your parents wanted? Yes No Not Sure

b. Were you conceived out of wedlock? (outside of marriage) Yes No

c. Were you adopted? Yes No

d. If you were adopted, do you know anything about your natural parents?

Yes No

e. Do you know if your mother suffered any trauma during her pregnancy with you?

Yes No Not Sure

f. Were you the product of a difficult or complicated birth?

Yes No Not Sure

g. Were you a "bonded" baby (emotionally close with your parents) at birth?

Yes No Not Sure

h. Were you a breast-fed baby? Yes No Not Sure

i. Do you have any brothers or sisters? Yes No Not Sure

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

j. Where do you fall in the sibling order of your house? _____

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k. Were there any special problems with your siblings? _____

l. What is your relationship with them like now? _____

3. Are your parents still living:

a. Father? *Yes* *No* *Not Sure*

b. Mother? *Yes* *No* *Not Sure*

c. Are they Christians? *Yes* *No* *Not Sure*

i. Father? *Yes* *No* *Not Sure*

ii. Mother? *Yes* *No* *Not Sure*

d. If both are alive, are they living together? *Yes* *No* *Not Sure*

i. If not, are they divorced? *Yes* *No* *Not Sure*

ii. If yes, how old were you when they were divorced? _____

e. Have either remarried since the divorce?

i. Father: *Yes* *No* *Not Sure*

ii. Mother: *Yes* *No* *Not Sure*

f. If either remarried, how is your relationship with the stepparents? _____

i. Are the stepparents Christians? *Yes* *No* *Not Sure*

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ii. Any stepbrothers or stepsisters? _____

iii. How was your relationship growing up with them? _____

iv. How is your relationship with them now? _____

g. Are you a critical person? Yes No Sometimes

h. Do you feel emotionally immature? Yes No Not Really

4. Tell us about your self-image (what you think about yourself – check any/all that apply):

Low Self image *Feel insecure* *I condemn myself* *I hate myself*

I feel inferior *I feel I am a failure* *I question my identity*

I am at peace with myself *I am very proud of myself* *I Feel unwanted*

I sometimes punish myself (tell us how: _____)

5. What was your father like? (circle one)

passive *strong* *manipulative* *intimidating* *controlling* *none of these*

6. Were you friends with your father? Yes No Somewhat

Briefly describe your relationship with your father: _____

7. What was your mother like? (Circle one)

passive *strong* *manipulative* *intimidating* *controlling* *none of these*

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1. Briefly describe your relationship with your mother: _____

9. Was your home a happy one during your childhood? Yes No Somewhat

Briefly describe your childhood home: _____

10. Describe your family's financial situation when you were a child (circle one):

Poor *slight financial struggles* *average income* *well off*

11. Were lying or stealing ever a problem for you? Yes No Somewhat

12. Were you lonely as a teenager? Yes Sometimes Never

Explain your answer: _____

13. As a child, teenager, or later in life, have you ever been wronged? If so, what happened?

By whom? (friend, relative, authority figure, etc.) _____

14. Do you have trouble giving or receiving love? Yes No Sometimes

15. Do you find it easy to communicate with people who are close to you?

I have real difficulty *I am unwilling* *I have some problems with it at times*

It is easy for me

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16. Are you a perfectionist, someone who frets over little mistakes? Yes No

17. Do you come from a proud family? Yes No

18. Do you personally have a problem with pride or arrogance? Yes No

19. Do you or have you have problems with: (Check all that apply)

Impatience *Irritability* *Temper* *Moodiness*

Racial Prejudice *Rebellion* *Violence* *Stubbornness*

Anger *Temptation to murder*

20. Have you had problems with (check all that apply):

Swearing? *Cursing?* *Blasphemies?* *Obscenities?*

Do you now currently:

Swear? *Curse?* *BlaspHEME?* *Speak Obscene things?*

21. Do you have feelings of unforgiveness towards anyone? Yes No

If Yes, who is it and why? _____

a. Do you feel resentment towards anyone? Yes No

If Yes, who and why? _____

b. Do you feel bitterness towards anyone? Yes No

If yes, towards whom and why? _____

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c. Do you feel hatred towards anyone? Yes No

If yes, towards whom and why? _____

CATEGORY B – EMOTIONAL, SPIRITUAL AND RELIGIOUS HISTORY

1. Are you easily frustrated? Yes No

a) If yes, do you show it outwardly or hide it inwardly? _____

2. Are you:

a) An anxious person? Yes No

b) A worrying person? Yes No

c) Subject to depression? Yes No

3. Did either of your parents suffer from depression?

a) Father: Yes No Not Sure

b) Mother: Yes No Not Sure

4. Has any parent, sibling, or grandparent suffered from an acute nervousness, mental problem or disorder?

a) If so, whom? _____

Type of problem: _____

5. Have you ever personally had psychiatric counseling? Yes No Not Sure

a) Hospitalization? Yes No Not Sure

b) Shock treatment? Yes No Not Sure

c) Psychoanalysis? Yes No Not Sure

d) Any other treatment for mental conditions? Yes No Not Sure

6. Have you ever been hypnotized? Yes No Not Sure

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- a) If so, when and why? _____
7. Have you ever pursued advanced education? Yes No Not Sure
- a) If so, in what area? _____
8. Have you, your parents, or grandparents ever been involved in any of the following cults or non-Christian religions (check all that apply):
- Christian Science* *Ba'hai* *Rosicrucian* *Jehovah's Witnesses*
Gurus *Native American Religions* *Unity Church* *Spiritist Churches*
Unification Church (aka, Moonies) *Scientology* *Religious Communes*
Catholicism *Islam* *Theosophy* *Mormons* *New Age Religions*
Eastern Religions (i.e, Buddhism, Hinduism, Zen or Tibetan Buddhism, etc.)
- Any other cultic or religious involvement: _____
9. To the best of your knowledge, has any family member ever been involved with:
- FreeMasons* *Oddfellows* *Shriners* *De Molay* *Elk* *Knights of Malta*
Rainbow Girls *Eastern Star* *Daughters of the Nile* *Job's Daughters*
- a) If so, whom? _____
- b) Do you or have you ever suffered from (Check all that apply):
- Apathy* *Hardness of emotion* *Skepticism* *Doubt* *Unbelief*
Infirmities *Frequent Sicknesses* *Mockery* *Confusion*
Financial Disaster *Allergies* *Comprehension Difficulties*
- c) Are there any Masonic items or symbols currently in your possession or in your home?
Yes No Not Sure
- d) Are there any items or symbols from other religions in your possession or your home?
Yes No Not Sure
- e) If so, what? _____

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10. Do you experience mental confusion? Yes No
- a) Do you have mental blocks? Yes No
11. Do you often daydream? Yes No
- a) Do you have mental fantasies? Yes No
12. Do you or have you ever suffered from frequent bad dreams? Yes No
- a) Do you suffer from sleeplessness? Yes No
13. Have you ever been tempted to commit suicide? Yes No
- a) If so, when and why? _____
- b) If yes, have you ever actually tried to commit suicide? Yes No
- c) If yes, how and when? _____
14. Have you ever wished to die? Yes No Not Sure
- a) If yes, did you ever speak it aloud? Yes No Not Sure
15. Have you ever experienced a strong and prolonged fear of any of the following (check all that apply):
- Failure* *Inability to cope* *Inadequacy* *Authority Figures* *Rape*
The Dark *Death* *Violence* *Being Alone* *Satan and Evil Spirits*
The Future *Women* *Men* *Crowds* *Public Speaking*
The opinions of people *Heights* *Insanity* *Accidents* *Old Age*
Death or injury of a loved one *Enclosed Places* *Terminal Illness*
Divorce *Marriage* *Breakups* *Insects* *Spiders* *Dogs*
Animals *Snakes* *Water* *Pain* *Loud Noises* *Open Spaces*
Flying in airplanes *Grocery stores* *Other fears:* _____
- a) Since you've been a Christian, do any of these fears still grip you? Yes No

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b) If so, which ones? _____

i) How do they affect you? _____

CATEGORY C

1. Have you ever made a pact or covenant with Satan? Yes No

a) If so, was it a blood pact? Yes No

b) What kind of pact was it? _____

c) When did it take place? _____

d) Why did you do it? _____

e) Are you willing to renounce it? Yes No

2. To your knowledge, has any curse been placed on you or your family? Yes No

a) If so, by whom? _____

b) Why? _____

3. To your knowledge, have your parents or any relatives as far back as you can remember ever been involved in the occult (i.e., Ouija boards, fortune telling, etc.) or in witchcraft?

Yes No

a) If yes, who was it and what were they involved in? _____

b) How deeply involved were they? _____

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4. Have you ever been involved with any of the following:

Fortune Tellers Tarot Cards Ouija Boards Seances

Mediums Palm Reading Astrology Color Therapy

Levitation Astral Travel Horoscope Good Luck Charms

Black Magic White Magic Demon Worship Requesting Spirit Guides

Clairvoyance Crystals Automatic Handwriting New Age Movement

Visited a native healer, witch doctor or shaman Been involved in any other witchcraft,
Satanic or demonic things? If so, what? _____

5. Have you ever read books on occultism or witchcraft? Yes No

a) If yes, for what purpose? _____

6. Have you ever played demonic games such as Dungeons & Dragons? Yes No

a) Have you ever watched demonic films? Yes No

7. Have you ever been involved in transcendental meditation? Yes No

a) Do you have a mantra?

b) If so, what is it? _____

8. Have you ever been involved in Eastern religions? Yes No

a) Have you followed a guru? Yes No

9. Have you ever visited heathen temples? Yes No

a) When? _____

b) Did you make offerings? Yes No

c) If yes, what were they? _____

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d) Did you take part in any ceremony? Yes No

e) If yes, please explain: _____

10. Have you ever done any form of yoga? Yes No

a) Meditation? Yes No

b) Exercises? Yes No

11. Have you ever learned to use any form of mental communication or mind control?
Yes No

a) If Yes, please explain: _____

12. Were you or your parents superstitious? Yes No

a) Were you superstitious, in the past or presently? Yes No

13. Have you ever worn good luck charms, fetishes, amulets, or signs of the zodiac?
Yes No

a) Do you presently have any in your possession? Yes No

14. Do you have in your home any symbols or idols of worship, such as:

Buddhas Totem poles Painted face masks Idol carvings

Fetish objects or feathers Pagan symbols Tikis Kachina dolls

Native art: _____ other symbols, statues, etc.

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a) Where did they come from, and how did you get them? _____

15. Do you have any witches (such as "good luck witches") in your home? Yes No

16. Do you regularly listen to any of the following types of music or its various forms:

Rock & Roll (If yes, name artists) _____

punk rock _____

Heavy metal _____

Rap _____

a) How much time do you spend listening to it each day? _____

17. Have you ever studied any martial arts? Yes No

a) If yes, do you currently practice it? Yes No

18. Have you ever had premonitions? Yes No

a) De javu? (the feeling that something is repeating or occurred before) Yes No

b) Psychic insight? Yes No

19. Have you ever been involved in fire walking? Yes No

a) Voodoo? Yes No

b) Any form of pagan religious ceremony? Yes No

i) If so, what and when? _____

20. Do you have any tattoos? Yes No

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a) If so, of what? _____

CATEGORY D

1. Do you have lustful thoughts? Yes No

a) If so, of what? _____

b) How often? _____

2. To the best of your knowledge, was there evidence of lust in your parents, grandparents or previous generations? Yes No

3. Do you frequently masturbate? Yes No

a) How often? _____

b) Do you know why? _____

c) Do you feel it is a compulsive problem (one that you can't control)? Yes No

4. Were you ever sexually molested by someone outside of your immediate family as a child or a teenager? Yes No

a) By whom? _____

b) Was it more than once? Yes No Not Sure

Explain: _____

c) Were you actually raped? Yes No Not Sure

i) By whom? _____

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ii) Was it more than once? Yes No Not Sure

Explain: _____

5. Have you ever been a victim of incest by a family member? Yes No

a) By whom? _____

b) How often did it occur? _____

c) For how long a time? _____

6. **Men:** Have you ever molested or raped anyone? Yes No

a) Who? (Names): _____

b) Have you ever committed incest? Yes No

c) **Women:** Have you ever been raped? Yes No

d) By who? (Names): _____

e) Circumstances? _____

7. (Single People): Have you ever committed fornication? Yes No

a) With how many people? _____

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b) Please provide their first names and approximate dates of event: _____

c) Any acts with prostitutes? Yes No

i) If yes, how many? _____

ii) When? _____

d) Have you ever been a prostitute?

i) If so, for how long? _____

ii) How many partners? _____

iii) Was there a Pimp involved? Yes No

iv) If yes, provide name: _____

e) Have you ever committed adultery (at least one partner married)? Yes No

i) First names and when: _____

f) Are you currently involved in an illicit sexual relationship? Yes No

i) If yes, please provide a name: _____

ii) Are you willing to break it off? Yes No Not Sure

8. Have you ever had homosexual or lesbian desires? Yes No

a) Do you still have them? Yes No

b) Have you ever acted them out with anyone? Yes No

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c) With whom and when? _____

9. (Married women only) Are you sexually frigid? Yes No

10. Have you ever sexually fantasized about an animal? Yes No

a) Have you ever committed a sex act (bestiality) with an animal? Yes No

i) If yes, name all animals involved: _____

11. Have you ever been involved with or drawn to pornography? Yes No

a) If yes, how did you become involved? _____

b) Name of the people/person involved: _____

i) To what extent were you involved? _____

ii) Is this still a problem for you? Yes No Not Sure

c) Have you viewed pornographic movies or videos? Yes No

i) Live sex shows? Yes No

ii) Do you currently purchase or rent porn or have such a channel on your home TV?

Yes No

iii) Do you look at Internet porn? Yes No

12. Have you ever been involved in oral sex? Yes No

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a) If so, with whom? (First names) _____

13. Have you been involved with anal sex? Yes No

a) If so, with whom? _____

14. **Women:** Have you ever had an abortion? Yes No

a) How many? _____

b) Dates and name(s) of father(s): _____

c) **Men:** Have you ever fathered a child that was forcefully aborted? Yes No

i) How many? _____

ii) When? (Approx. Dates): _____

iii) Give the approximate dates and name(s) of mother(s): _____

15. Have you been plagued with desires to have sex with a child? (Pedophilia)

Yes No

a) Have you actually done so? Yes No

16. Have you ever had inner sexual stimulation and climax out of your control, especially at night? By this we mean, do you have dreams of a person approaching and asking to have sex with you, or just doing it, and you actually feel a presence in bed with you and then wake up with a sexual climax? (This is something other than a normal wet dream)

Yes No

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17. Have you ever gone to a massage parlor and been sexually stimulated? Yes No

18. If married, how would you describe your sexual relationship with your spouse? N/A

CATEGORY E

1. Did any of your family, as far back as you know, have addictions of any kind?

Yes No Not Sure

a) If yes, to what? _____

2. Have you ever been addicted to any of the following:

Alcohol Smoking Food Gambling Compulsive exercise
Spending Money? Television Coffee Drugs

a) Which kind of drugs? Recreational: Yes No

Prescription: Yes No

b) What was the substance? _____

c) Are you still addicted to any drugs? _____

CATEGORY F

1. What country were you born in? _____

2. Have you lived in other countries? Yes No

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- a) Which countries? _____
3. Where was your mother born? (city, state, nation) _____
- a) Your Father? (city, state, nation) _____
4. Where were your grandparents born? _____
- a) Your mother's mother? _____
- b) Your mother's father? _____
- c) Your father's mother? _____
- d) Your father's father? _____

CATEGORY G

1. Do you suffer from any chronic allergies or illnesses? Yes No
- a) Which ones? _____
- b) Is it hereditary? Yes No Not Sure
2. Have you ever had any severe accidents or traumas that stand out in your mind (ones that haven't already been mentioned)? Yes No
- a) If yes, please explain: _____

3. Describe your self in as many one-word phrases as you can think of:
- | | |
|----------|----------|
| a. _____ | b. _____ |
| c. _____ | d. _____ |
| e. _____ | f. _____ |