

## Prayer Ministry Intake Form

The purpose of this form is to obtain a general understanding of your history and present life. Please be assured that this form is confidential. It will be reviewed by the Coordinator of the Inner Healing Prayer Ministry and only shared with your prayer ministry team. No one else will have access to this information without your written consent.

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

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

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

\_\_\_\_\_

Marital Status:

Phone Number: \_\_\_\_\_

Voice/Text Messages OK?

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

OK to Email?

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

Are you a Christian?

Are you Born Again?

Describe your support system:

What brings you to prayer ministry at this time?

List any symptoms you might be having (anxiety, sadness, anger, depression, etc.)

Have you been in counseling before?

What was the outcome?

Do you have significant health-related issues?

What do you hope to gain through prayer ministry?

What obstacle(s) do you perceive might interfere with you achieving your desired outcome?