



Life History Form

Date:

Full name:

Address:

Cell phone:

Email:

Sex: ☐ M ☐ F

Age:

Date of birth:

Education

☐ High School Diploma ☐ Bachelor's degree (specify):

☐ Post-graduate degree(s) (specify):

Occupation

Previous occupation(s), if applicable:

Your current occupation(s):

Family History

Describe your childhood, including anything you feel was significant.

Where did you grow up?

Did you grow up with your birth parents? If not, who raised you?

Your Parents

Birth Mother: ☐ Living ☐ Deceased

Briefly describe your relationship with her:

Birth Father: ☐ Living ☐ Deceased

Briefly describe your relationship with him:

Stepmother/Adopted Mother: ☐ Living ☐ Deceased

Briefly describe your relationship with her:

Stepfather/Adopted Father: ☐ Living ☐ Deceased

Briefly describe your relationship with him:

Name any other significant caregiver(s):

Briefly describe that (those) relationship(s):

Your Sibling(s)

How many siblings do you have?

Your birth order: ☐ First ☐ Second ☐ Third ☐ Last ☐ Other

Describe any relationship problems with a sibling or siblings:

Marital Status:

☐ Single/Never Married ☐ Single/Divorced ☐ Single, Widow/Widower ☐ Currently Married

If you are currently married, Spouse's Name:

Married since:

Married more than once: ☐ Yes ☐ No If yes, how many times (including current marriage)?

First Spouse's Name:

Length of marriage:

Second Spouse's Name:

Length of marriage:

Third Spouse's Name:

Length of marriage:

Describe any significant relationships you may have had outside of marriage (e.g., long-term dating relationship, cohabitation, extramarital affair):

Children

Do you have any children? ☐ Yes ☐ No

If yes, list the name/age of each child:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Spiritual History

Describe your religious/spiritual background, including the name of any church/denomination of your growing years:

Have you made Jesus the Lord of your life? ☐ Yes! ☐ No ☐ I don't know/not sure

Are you familiar with the Holy Spirit and the role He plays in your life? ☐ Yes ☐ No ☐ Not sure

Were any of your family members involved in the occult?

☐ Yes ☐ No ☐ I don't know/not sure

If yes, who?

What was his/her relationship to you?

Were any of your family members involved in Freemasonry?

☐ Yes ☐ No ☐ I don't know/not sure

If yes, who?

What was his/her relationship to you?

Name of church you are currently attending (if applicable):

Who is in your support system?

What is the reason for your visit?

Check what pertains to you, what you have worked through or want to address:

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Marital Problem |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Obsessive Compulsive |
| <input type="checkbox"/> Anxiety/Fear | <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Occult Oppression |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Career Decision | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Identity Issues | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Sexual Identity Issue |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Workaholism |
| | | <input type="checkbox"/> Other _____ |

Describe any other crisis that prompted this visit:

Do you have any previous experience with therapy/counseling whether secular or Christian? ☐ Yes ☐ No
If yes, please describe your experience:

Do you have any previous experience with prayer counseling/ministry? ☐ Yes ☐ No

If yes, please describe your experience:

Are you currently under a doctor's care? ☐ Yes ☐ No If yes, what are you being treated for?

What, if any, prescription medication(s) are you currently taking?

What else would you like the prayer counselor to know about you?

TERMS AND CONDITIONS: By meeting with a prayer counselor from Behold Him, you acknowledge and agree to the following terms and conditions:

1. **Appointment Scheduling:** All appointments are subject to the availability of our team members. We reserve the right to decline any appointment request at its sole discretion.
2. **Authorization to Transmit Confidential Notes Electronically via Email:** by agreeing to a ministry session, you authorize email communication including session notes and release us from any legal liability resulting from such electronic transmissions, with the understanding that we are neither able nor responsible to safeguard the confidentiality of any email that has been sent.
3. **Not a Licensed Counseling Center:** We are not licensed counselors. The services provided are intended for spiritual guidance and support only and should not be construed as psychological counseling, therapy, or any form of licensed professional mental health care.
4. **Confidentiality and Privacy:** While we are not subject to HIPAA regulations, we are committed to protecting the privacy and anonymity of our clients. Information shared during sessions will be kept confidential, except where disclosure is required by law or in situations where there is a risk of harm to the client or others. Your prayer counselor has the discretion to consult with pastoral oversight and spiritual mentors concerning your ministry.
5. **Non-Indemnification:** You agree that we shall not be liable for any direct, indirect, incidental, special, consequential, or punitive damages arising out of or related to your use of our services, whether based on warranty, contract, tort, or any other legal theory. You further agree to release and discharge your prayer counselor, Behold Him, IWM, and Alyssa Flaten from any and all claims, demands, or causes of action that you may have now or in the future against us or our team members.

By acknowledging and submitting to ministry from us, you confirm that you have read, understood, and agree to the terms outlined above.



Informed Consent Form for Prayer Counseling

1. Behold Him is a ministry initiative of Intentional Worship Ministries ("IWM") which is a 501(c)(3) non-profit public service organization and these names may be used interchangeably throughout the document in full or abbreviated forms.

2. This ministry is made possible through the grace and generosity of others. Gifts given when no goods or services are received are tax-deductible and can be given through our website: www.beholdhim.life/give All are welcome regardless of financial status.

3. Alyssa Flaten, director of Behold Him and co-founder of IWM provides oversight for all Behold Him Prayer Counseling ministry. Alyssa Flaten is under the leadership and spiritual covering of the pastoral leadership of Lifepointe Church and may at times, consult with her pastoral leadership concerning your ministry.

4. All sessions with a prayer counselor of Behold Him are based on Biblical concepts, specifically using prayer to God the Father, relying on the lordship of Jesus Christ and calling on the power of the Holy Spirit. The prayer counselor may choose to use any Biblically based methods of inner healing prayer and/or guidance that he/she deems to be helpful for you. You have at all times the right to ask the prayer counselor to explain a chosen method, its risks, alternatives and the nature of the ministry. You may at any time choose to decline the use of a method or methods that the prayer counselor may suggest.

5. **Not a Licensed Counseling Center:** The prayer counselor is not a licensed therapist, counselor, or life coach. Alyssa Flaten is a certified minister with the Assemblies of God, a graduate, instructor and facilitator of Elijah House School of Heart Healing, and a graduate of the Sunodia School of Prayer Counseling.

6. All prayer counseling sessions are voluntary on your part and you may discontinue meeting with the prayer counselor at any time. The prayer counselor also reserves the right to discontinue sessions at any time. However, should the prayer counselor be the one to choose to discontinue meetings, he/she will provide you with at least two (2) referrals for follow-up care/ministry.

7. **Confidentiality:** Everything that is shared in the prayer counseling session is confidential. Your prayer counselor has the discretion to consult with pastoral oversight and spiritual mentors concerning your ministry.

a. The prayer counselor, as a credential pastor with the Assembly of God and the Iowa ministry network is required to report information concerning anything that presents a clear and substantial danger of harm to others or to you, or any case of current and/or ongoing abuse (mental, physical or sexual) of a child or of an elderly or vulnerable adult.

8. **Interns:** Behold Him is an equipping ministry as well as a healing ministry; therefore there may at times be

an intern in your session. All interns are trained and legally bound to maintain your confidentiality. You may at a time choose to decline the presence of an intern in your session.

9. Behold Him counselors do not counsel anyone who is currently abusing alcohol or drugs. Clients who have been addicted should be substance-free for at least 30 days and actively participating in a substance abuse program before receiving prayer counseling.

10. **Appointment Reminders:** You will be sent a reminder in advance of your appointment. If you do not receive a reminder at all and you believe you have an appointment the next day, please contact your assigned prayer counselor to confirm the appointment.

11. **Doctor Care:** If you are currently under the care of a psychiatrist, we would be glad to speak to him/her if requested. Please have your doctor call us at (425) 606-1421.

12. As an equipping ministry, Behold Him occasionally uses examples/stories from others to illustrate the effectiveness of prayer counseling. If you wish to grant us permission to use an anonymous version of your story in our teaching and marketing materials, please initial here_____

13. **Authorization to Transmit Confidential Notes Electronically via Email:** by agreeing to and scheduling a ministry session, you authorize email communication including session notes and release us from any legal liability resulting from such electronic transmissions, with the understanding that Behold Him neither able nor responsible to safeguard the confidentiality of any email that has been sent.

I have read this consent form, and I fully understand the contents of this document and voluntarily consent to participate.

Date:_____

Your Name:_____

Signature:_____