

INNER-HEALING AND CLEANSING FORM

FIRST NAME: _____ FIRST INITIAL OF LAST NAME: _____

PHONE: _____

EMAIL: _____

Status of parents: ___ Married ___ Divorced ___ Separated

If divorced or separated, what age were you when this happened? _____

What was the reason for divorce or separation? _____

What is your current age? _____

Are you adopted? _____

What is your heritage and/or nationality? _____

Were you named after anyone? _____

Do you feel as if your parents wished you were never born? _____

Do you feel as if your parents wish that you were the opposite sex? _____

Do you feel that you should have been born the opposite sex? _____

Was your father or mother an alcoholic or drug addict? _____

How is your relationship with your mother? ___ Good ___ Bad ___ Indifferent

How is your relationship with your father? ___ Good ___ Bad ___ Indifferent

Do you have any brothers or sisters? _____ If yes, how many of each? _____

How are the relationships with your siblings? ___ Good ___ Bad ___ Indifferent

In your childhood, have you experienced any of the following below?
Please circle those that apply to you.

Removal from home

Learning disabilities

Unhappy childhood

Invisible playmate

Loneliness

Molestation

Excessive fear

Incest

Night terrors

Frequent accidents

Physical disability

Frequent illnesses

Did you have sex before marriage? _____

Have you ever had a miscarriage? _____ If so, how many? _____

Have you ever had an abortion? _____ If so, how many? _____

Have you been raped? _____

Your marital status: ___ Married ___ Divorced ___ Separated ___ Single ___ Widowed

If married, for how long? _____

If divorced, how long? _____

How many of each? marriages: _____ divorces: _____

Have you ever been unfaithful? _____

Has your spouse ever been unfaithful to you? _____

Do you have any children? If so, how many? _____

How is your relationship with your children? ___ Good or ___ Bad

Is there any part of your life (a large block of time) that you cannot remember? _____

If so, at what age? _____

Has there ever been any major traumas in your life? _____

Is there anyone in your life (past or present) that you cannot or have a hard time forgiving?

If so, who and why? _____

Is there anyone that you feel bitterness, resentment, or hatred for? If so, who and why?

Has anyone hurt your feelings to the point that you still feel the pain of it today? _____

Have you ever felt rejected by anyone in your life? If so, who? _____

Which of the following have you struggled with? Please check all that apply, and when.

	Past	Present		Past	Present
Chronic pain			Obsessive thoughts		
Headaches			Compulsive thoughts		
Fantasies			Anger		
Lustful thoughts			Rage		
Homosexual thoughts			Violence		
Pornography			Loneliness		
Masturbation			Fear of death		
Doubts			Fear of losing your mind		
Fear			Fear of suicide		
Insecurity			Depression		
Inadequacy			Worthlessness		
Blasphemous thoughts			Fear of hurting loved ones		

Have you ever done anything dishonest, such as stealing, lying, or cheating? _____

Have you ever been diagnosed with any kind of mental illness? _____ If so, what?

Are you currently under a doctor's or psychiatric care? _____

Are you on any prescription drugs? _____ If so, what? _____

Are you using any illegal drugs or abusing prescription drugs? _____

Do you struggle with addictions to drugs, alcohol or tobacco? _____

Do you struggle with any other types of addictions, such as eating disorders, gambling, gaming, shopping, exercise, sex addictions, hoarding, etc.? If so, please explain: _____

	YES	NO
Have you ever taken an oath with a fraternity, sorority, or other fraternal organization such as Freemasonry/(Masons)?		
Have you ever had your fortune told?		
Have you ever been hypnotized?		
Have you ever practiced yoga?		
Have you ever played with ouija board?		
Have you or your children ever played occult games, such as Dungeons and Dragons? Pokemon? or Harry Potter?		
Have you ever sought help from a spiritualist?		
Have you ever received medical help through acupuncture or ying yangs?		
Have you ever practiced table lifting, levitation or automatic writing?		
Have you ever been given or worn an amulet or charm for luck?		
Do you read or possess occult or spiritualist literature?		
Do you possess a satanic bible?		
Have you ever listened to or called a psychic?		
Have you ever contacted a dead loved one through a medium?		
Do you have nightmares?		
Do you have dreams that seem to come true?		
Do you wake up between the hours of 12:00 midnight and 3:00 a.m.?		
Do you have trouble sleeping?		
Are you or have you ever been visited by a ghost or demon?		
Have you ever been visited by a dead relative or friend?		
Have you ever practiced astral projection or has your spirit left your body?		

	YES	NO
Do you listen to or have in your possession any heavy metal or hard rock music?		
Do you strongly idolize anyone such as a rock/movie star, close relative or friend?		
Do you watch or possess any scary movies?		
Do you ever feel an evil presence?		
Have you ever been touched in a sexual way by an unseen force?		
Have you ever been involved in any gangs?		
Have you ever had negative words spoken over you?		
Do you tend to speak negatively about yourself?		
Have you been involved in satanic worship or rituals?		
Have you been involved in white or black magic?		
Have you been involved in the Wiccan religion and worshipping nature?		
Have you been involved with seeking self-help through power other than God?		
Have you ever heard voices?		
Do you have any tattoos?		
Have you ever made a pact or sold your soul to the devil?		
Have you ever made a blood pact with anyone?		
Have you ever had a pain that seems to move from one part of the body to another?		
Have you ever wanted or intentionally cut or hurt yourself?		
Have you ever tried to commit suicide?		
Have you ever wished yourself, or anyone else, dead?		
Do you own any dream catchers?		
Do you own any tarot cards?		
Do you own any crystals?		

Have you ever asked Jesus Christ to be your Lord and Savior? _____

If yes, how many years have you been saved? _____

Have you ever been baptized? _____ If so, at what age? _____

If you've been baptized, was it by water immersion? _____

Have you ever been filled with the Holy Spirit, with the evidence of speaking in tongues?

_____ If not, do you want to be? _____

What religions or churches have you gone to up until now? _____

Do you attend church now regularly? _____

Do you pray regularly? _____

Do you read the Bible regularly? _____