



HEALING STREAM PRAYER MINISTRY

The Integrated Approach to Ministry is a ministry to people needing short-term help. Generally there are 5 sessions for a single person and 7 sessions for a couple [1 joint session at the beginning of ministry and 1 at the end of ministry, and 5 individual sessions for each spouse], all of which are approximately 3 hours long.

**NOTE: Please complete on-line and remember to save frequently.
Email completed application to ns pierce1@gmail.com
You will be notified regarding setting up a ministry time.**

PERSONAL INFORMATION: The following information will help the ministry team focus more clearly on the areas that you desire to work on in ministry. Please answer each question as completely and carefully as you can. This will become a part of your confidential file.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #'s Home: _____ Work: _____ Cell: _____

Sex: Male Female Date of Birth: _____ E-mail: _____

Occupation: _____ Hours worked per week: _____

Employed by: _____

Marital Status: Single Married Separated Divorced Widowed Remarried

If married, does your spouse desire ministry? Yes No If not, please explain:

Presently living with: Parents Spouse Alone Other (Please specify)

EDUCATIONAL BACKGROUND: Check last year of school completed.

Elementary and High School 1 2 3 4 5 6 7 8 9 10 11 12

Post Secondary 1 2 3 4 5 6+

Degrees: _____

Are you willing to do preparatory work prior to your ministry time? Yes No

Are you willing to do the homework assigned to you by your ministers? Yes No

Are you willing to allow ministers in training to observe your ministry? Yes No

Are you willing to allow ministers in training to minister to you? Yes No
(Qualified ministers will be present)

SPIRITUAL / RELIGIOUS BACKGROUND:

Have you made a commitment to Jesus Christ as Lord and Savior? No Yes When? _____

Please tell what happened:

Have you received the Baptism of the Holy Spirit? No Yes When? _____

Describe your present relationship with the Lord

Please list all previous church affiliations including length of time:

MEDICAL / MINISTRY / COUNSELING BACKGROUND:

Are you currently receiving medical treatment? No Yes For what purpose?

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

What drugs? _____

Have you ever been in counseling / therapy / mental health care? No Yes When? _____

With whom? _____

For what reason? _____

Have you ever taken medication prescribed for emotional reasons? No Yes When? _____

For what reason? _____

Are you currently taking medication prescribed for emotional reasons? No Yes

What medication? _____

Have you ever had any major operations? No Yes When? _____

Reason? _____

WHAT HAS PROMPTED YOU TO SEEK MINISTRY AT THIS TIME?

REASON	Year/Age Started?	REASON	Year/Age Started?	REASON	Year/Age Started?
Abuse		Fear/Phobia		Self-esteem	
Addiction		Financial/Legal		Sexual Issues	
Anger/Aggression		Grief/Loss		Spiritual Concerns	
Church Split		Parental/Family/Child		Stress/Anxiety	
Compulsions		Loneliness		Suicide	
Depression		Premarital/Marital		Trauma	
Divorce/Separation		Relationships		Vocation	

Please comment:

YOUR GOALS FOR HEALING STREAM MINISTRY:

Please describe what change(s) you would like to make in your life and relationships as a result of coming for the Healing Stream Ministry.

AVAILABILITY:

Given the days/times for ministry listed in your Information Packet please list the best match with your schedule.

GENERATIONAL AND BACKGROUND QUESTIONS

PURPOSE:

The purpose of the following questions is to help you and your Ministry Team identify Sins of the Fathers and Resulting Curses and negative patterns that may be hindering you, as well as those areas in your heritage or in your life that lead to Ungodly Beliefs and/or Soul/Spirit Hurts, and/or that may be openings for Demonic Oppression. Please answer the questions as honestly and as completely as you can. Use page 7 for supplemental information and/or continuation of responses.

FAMILY BACKGROUND:

From what country or countries your ancestors originally come?

What are the prominent ethnic backgrounds of your ancestors?

What are the church backgrounds of your ancestors?

In what geographic areas have they primarily lived their lives?

Is it possible that they were connected with slavery (owners, traders, or slaves)? No Yes Unknown

Is it possible that they were involved in unfair business practices? No Yes Unknown

Is it possible that they were involved in the occult? No Yes Unknown

FAMILY PATTERNS: Please check if the following are common in your immediate or extended family.
(**Note:** Your extended family includes aunts, uncles, and cousins.)

Lack of communication between spouses

Lack of intimacy (in marriage, other)

Men dominant over women

Women dominant over men

Men/women workaholics

Success/failure cycles

Deceptive business practices

Family secrets

Business, financial, or other losses

Broken promises (in relationships/finances)

Unfilled lives and/or destinies

Abuse: _____

Addiction: _____

Co-dependency

Lack of communication between parents/child

Children favored, idolized

Children not valued, neglected

Children taking care of parents

Children dishonoring parents

Sibling rivalry, fights, feuds

Broken marriages/divorce

Pride and arrogance

Idolatry of _____

Chronic illness/sickness

Premature deaths

Most received salvation

Most were not saved

YOUR BIRTH CONDITIONS: Please indicate if any of the following situations were present when you were conceived or during your mothers pregnancy.

- | | |
|---|--|
| My mother dieted | My mother did not want me |
| My mother took drugs | My father did not want me |
| My mother smoked | I was given up for adoption |
| My mother drank alcohol | I was next child after miscarriage or abortion |
| My mother drank caffeine | I was conceived out of wedlock |
| My mother experienced trauma | There were premature delivery complications |
| My mother was raped and I was conceived | Breech delivery |
| My mother was in poor health | Cord around my neck during delivery |
| My mother lost a loved one | Forceps delivery |
| My father died or left | Labor was induced |
| There was a lot of fighting in the home | I suffered loss of oxygen during delivery |
| My parents were too young; not ready for children | C-section delivery |
| My parents wanted a child of the opposite sex | |

Other situations:

PARENTAL RELATIONSHIPS: Please answer all that apply.

- Natural Parents: Married Separated Divorced
- Rate your parent's marriage: Unhappy Average Happy Very Happy
- If parents separated or divorced, how old were you at the time of the divorce? _____
- Father remarried when you were age _____. Mother remarried when you were age _____.
- You lived with: Mother Father Foster Other Family Member Whom? _____
- Step-Parents (if applicable): Married Separated Divorced
- Father deceased? No Yes How old were you at the time? _____
- Mother deceased? No Yes How old were you at the time? _____
- What kind of relationship did/do you have with your parents and/or step-parent(s)?

cont. page 7

On a scale of 1 to 10, indicate how much each parent loved you. Give examples of how they showed their love.

cont. page 7

MARITAL BACKGROUND:

Name of spouse: _____ Occupation: _____

Have you ever been separated? No Yes When? _____

Marriage(s): Please give the following information for your marriage(s).

Date Married	Your Age at Marriage	Spouse's Age at Marriage	Spouse's Name	Duration	Reason that it Ended

Children: Please give the following information about each of your children.

Name	Age	Sex	Which Marriage?	Dependant? Y/N	Married? Y/N	Still Alive? Y/N	Cause of Death Age at Death

GENERAL QUESTIONS:

Who in your life has caused you the most pain or disappointment? Give an example of how it happened.

List the main issues in your life that you and God are working on at this time.

Supplemental Information

Use this page to complete previous questions and/or to provide any additional information that you believe would be helpful in the ministry process.

Ungodly Beliefs about Myself

Read the following statements, and check the ones that you relate to, or agree with. Feel free to make adjustments or alterations to any of the wording to help make the beliefs fit you. Ask the Holy Spirit to show you other beliefs.

Theme: Rejection, Not Belonging

1. I don't belong. I will always be on the outside (left out).
2. My feelings don't count. No one cares what I feel.
3. No one will love me or care about me just for myself.
4. I will always be lonely. The special man (woman) in my life will not be there for me.
5. _____

Theme: Unworthiness, Guilt, Shame

1. I am not worthy to receive anything from God.
2. I am the problem. When something is wrong, it is my fault.
3. I am a bad person. If you knew the real me, you would reject me.
4. I must wear a mask so that people won't find out how horrible I am and reject me.
5. I have messed up so badly that I have missed God's best for me.
6. _____

Theme: Doing to achieve Self-Worth, Value, and Recognition

1. I will never get credit for what I do.
2. My value is in what I do. I am valuable because I do good to others, because I am "successful".
3. Even when I do/give my best, it is not good enough. I can never meet the standard.
4. God doesn't care if I have a "secret life", as long as I appear to be good.
5. _____

Theme: Control (to avoid hurt)

1. I have to plan every day of my life. I have to continually plan/strategize. I can't relax.
2. The perfect life is one in which no conflict is allowed, and so there is peace.
3. I will isolate myself so that I won't be vulnerable to hurt, rejection, etc., any more.
4. I will choose to be passive in order to avoid conflict that would risk others' disapproval.
5. _____

Theme: Physical

1. I am unattractive. God shortchanged me.
2. I am doomed to have certain physical disabilities. They are just part of what I have inherited.
3. It is impossible to lose weight (or gain weight). I am just stuck.
4. _____

Theme: Personality Traits

1. I will always be _____ (angry, shy, jealous, insecure, fearful, etc.)
2. I will never be _____ (likable, lovable, happy, safe, content, etc.)
3. _____

Theme: Identity

1. I should have been a boy (girl). Then my parents would have valued/loved me more, ... etc.
2. Men (women) have it better.
3. I am not complete as a man (woman).
4. I will never be known or appreciated for my real self.
5. I will never really change and be as God wants me to be.
6. _____

Theme: Miscellaneous

1. I have wasted a lot of time and energy, some of my best years.
2. Turmoil is normal for me.
3. I will always have financial problems.
4. I just don't have the (time, energy, resources, _____) to fully follow God.
5. _____
6. _____

Theme: Sonship

1. No one will ever love me enough to take care of me.
2. Other people don't meet my standards so I just do it myself.
3. It is not safe to submit myself to someone else.
4. The best way to survive is to (avoid, overpower) other people.
5. I'm a victim of my circumstances and there is no hope of change.
6. I'm all alone.
7. I will always need to be strong in order to protect and defend myself.
8. Something is wrong with me.
9. The significant people in my life are not there for me and will not be there when I need them.
10. I will never be a priority with those in authority over me.
11. _____

Ungodly Beliefs About Others

Theme: Safety/Protection

1. I must be very guarded about what I say, since anything I say may be used against me.
2. I have to guard and hide my emotions and feelings. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I'll not be vulnerable, humiliated, or shamed.
3. _____

Theme: Retaliation

1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
2. I will make sure that _____ hurts as much as I hurt!
3. _____

Theme: Victim

1. Authority figures will humiliate me and violate me.
2. I will always be used and abused by other people.
3. My value is based totally on others' judgment/perception about me.
4. I am completely under their authority. I have no will or choice of my own.
5. I will not be known, understood, loved, or appreciated for who I am by those close to me.
6. _____

Theme: Hopelessness/Helplessness

1. I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
2. I have made such a mess of my life, there is no use going on.
3. _____

Theme: Defective in Relationships

1. I will never be able to fully give or receive love. I don't know what it is.
2. If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
3. If I fail to please you, I won't receive your pleasure and acceptance of me. Therefore, I must strive even more (perfectionism). I must do whatever is necessary to try to please you.
4. _____

Theme: God

1. God loves other people more than He loves me.
2. God only values me for what I do. My life is just a means to an end.
3. No matter how much I try, I'll never be able to do enough nor do it well enough to please God.
4. God is judging me when I relax. I have to stay busy about His work or He will abandon me.
5. God has let me down before. He may do it again. I can't trust Him or feel secure with Him.
6. _____

Other Ungodly Beliefs that I relate to or agree with:

Complementary / Reinforcing Ungodly Beliefs

Please check any relevant beliefs

Women control the household, men control at work.

Women are domineering and controlling.

Women make too big of a deal about special occasions.

Women are loose spenders. They can't be trusted with money. They don't have any restraint. They are always buying clothes and other things.

Women just want to talk about their feelings all the time.

Women just aren't interested in making love.

Women make having children too important. They get consumed with the children's lives.

My wife and children have ganged up against me. I can't even talk to my children.

Women are just naturally more spiritual than men.

My wife is lazy and doesn't keep the house in order.

Men don't know what to do around the house. It's easier just to do things myself.

Men are passive.

Special occasions are not important to men.

Men are tight with their money. They don't appreciate how hard it is to keep the house supplied with food, clothes, etc.

Men don't want an intimate, close relationship where a woman can share her innermost self.

The only thing men are interested in is sex.

Men see children as a bother. They would rather not have them.

My husband ignores our children. He isn't interested in being close to us.

Men are not concerned about the spiritual life of their family.

My husband just finds fault with my house keeping and doesn't see all that I do.

FATHER'S SIDE OF THE FAMILY

GGF
1. Name: _____
DOB: _____ DOD: _____
Cause of Death: _____ Age: _____
Occupation: _____ # of Children: _____
Known Sin Issues: _____

GGM
2. Name: _____
DOB: _____ DOD: _____
Cause of Death: _____ Age: _____
Occupation: _____ # of Children: _____
Known Sin Issues: _____

GGF
4. Name: _____
DOB: _____ DOD: _____
Cause of Death: _____ Age: _____
Occupation: _____ # of Children: _____
Known Sin Issues: _____

GGM
5. Name: _____
DOB: _____ DOD: _____
Cause of Death: _____ Age: _____
Occupation: _____ # of Children: _____
Known Sin Issues: _____

GF
3. Name: _____
DOB: _____ DOD: _____
Cause of Death: _____ Age: _____
Occupation: _____ # of Children: _____
Known Sin Issues: _____

GM
6. Name: _____
DOB: _____ DOD: _____
Cause of Death: _____ Age: _____
Occupation: _____ # of Children: _____
Known Sin Issues: _____

FAMILY TREE FACTS
To help your Ministry Team understand your ancestors, please fill in the requested information for each of your two parents (F/M), your four grandparents (GF/GM), and your eight great grandparents (GGF/GGM) to the best of your knowledge. Lack of this information will not affect the ministry process.

FATHER
7. Name: _____
DOB: _____ DOD: _____
Cause of Death: _____ Age: _____
Occupation: _____ # of Children: _____
Known Sin Issues: _____

ATTENTION:
Please make a note under every person that has/had any of these known sin issues in their life:
1. Masonic Involvement?
If so, what level?
2. Any Miscarriages/Abortions?
3. Illegitimacy?
4. Idolatry?

MOTHER'S SIDE OF THE FAMILY

GGF 8. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GF 10. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GGM 9. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

14. MOTHER
 Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GGF 11. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GM 13. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

GGM 12. Name: _____
 DOB: _____ DOD: _____
 Cause of Death: _____ Age: _____
 Occupation: _____ # of Children: _____
 Known Sin Issues: _____

NAMES / AGES OF YOUR SIBLINGS

14.

MOTHER

ATTENTION:
 Please make a note under every person that has/had any of these known sin issues in their life:
 1. Masonic Involvement?
 If so, what level?
 2. Any Miscarriages/Abortions?
 3. Illegitimacy?
 4. Idolatry?

OPEN DOORS

Please put a check (✓) under the A (Ancestors) column if you know about, or have observed any of these characteristics, events or involvement in your ancestors or extended family. If any apply to you, put "C" for current or "P" for past in the S (self) column.

- | <u>A</u> | <u>S</u> | |
|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | ABANDONMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdication |
| <input type="checkbox"/> | <input type="checkbox"/> | Blocked Intimacy |
| <input type="checkbox"/> | <input type="checkbox"/> | Desertion |
| <input type="checkbox"/> | <input type="checkbox"/> | Divorce |
| <input type="checkbox"/> | <input type="checkbox"/> | Emotional Abandonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Isolation |
| <input type="checkbox"/> | <input type="checkbox"/> | Loneliness |
| <input type="checkbox"/> | <input type="checkbox"/> | Neglect |
| <input type="checkbox"/> | <input type="checkbox"/> | Not Wanted |
| <input type="checkbox"/> | <input type="checkbox"/> | Rejection |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-Pity |
| <input type="checkbox"/> | <input type="checkbox"/> | Separation |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | ADDICTIONS /
DEPENDENCIES |
| <input type="checkbox"/> | <input type="checkbox"/> | Alcohol |
| <input type="checkbox"/> | <input type="checkbox"/> | Caffeine |
| <input type="checkbox"/> | <input type="checkbox"/> | Cocaine |
| <input type="checkbox"/> | <input type="checkbox"/> | Computers / Internet |
| <input type="checkbox"/> | <input type="checkbox"/> | Downers / Uppers |
| <input type="checkbox"/> | <input type="checkbox"/> | Food |
| <input type="checkbox"/> | <input type="checkbox"/> | Gambling |
| <input type="checkbox"/> | <input type="checkbox"/> | Marijuana |
| <input type="checkbox"/> | <input type="checkbox"/> | Masturbation |
| <input type="checkbox"/> | <input type="checkbox"/> | Nicotine |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-prescription Drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Overspending |
| <input type="checkbox"/> | <input type="checkbox"/> | Pornography |
| <input type="checkbox"/> | <input type="checkbox"/> | Prescription Drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Sex |
| <input type="checkbox"/> | <input type="checkbox"/> | Sports |
| <input type="checkbox"/> | <input type="checkbox"/> | Television |
| <input type="checkbox"/> | <input type="checkbox"/> | Tranquilizers |
| <input type="checkbox"/> | <input type="checkbox"/> | Video Games |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | ANGER |
| <input type="checkbox"/> | <input type="checkbox"/> | Abandonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Disappointment |
| <input type="checkbox"/> | <input type="checkbox"/> | Feuding |
| <input type="checkbox"/> | <input type="checkbox"/> | Frustration |
| <input type="checkbox"/> | <input type="checkbox"/> | Hatred |
| <input type="checkbox"/> | <input type="checkbox"/> | Hostility |
| <input type="checkbox"/> | <input type="checkbox"/> | Irritability |
| <input type="checkbox"/> | <input type="checkbox"/> | Intolerance |
| <input type="checkbox"/> | <input type="checkbox"/> | Murder |
| <input type="checkbox"/> | <input type="checkbox"/> | Punishment |
| <input type="checkbox"/> | <input type="checkbox"/> | Rage |
| <input type="checkbox"/> | <input type="checkbox"/> | Resentment |
| <input type="checkbox"/> | <input type="checkbox"/> | Retaliation |
| <input type="checkbox"/> | <input type="checkbox"/> | Revenge |
| <input type="checkbox"/> | <input type="checkbox"/> | Spoiled Little Boy/Girl |
| <input type="checkbox"/> | <input type="checkbox"/> | Temper Tantrums |
| <input type="checkbox"/> | <input type="checkbox"/> | Violence |
| <hr/> | | |

- | <u>A</u> | <u>S</u> | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | ANXIETY |
| <input type="checkbox"/> | <input type="checkbox"/> | Burden |
| <input type="checkbox"/> | <input type="checkbox"/> | False Responsibility |
| <input type="checkbox"/> | <input type="checkbox"/> | Fatigue |
| <input type="checkbox"/> | <input type="checkbox"/> | Impatience |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervousness |
| <input type="checkbox"/> | <input type="checkbox"/> | Panic Attacks |
| <input type="checkbox"/> | <input type="checkbox"/> | Restlessness |
| <input type="checkbox"/> | <input type="checkbox"/> | Stress |
| <input type="checkbox"/> | <input type="checkbox"/> | Weariness |
| <input type="checkbox"/> | <input type="checkbox"/> | Worry |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | BITTERNESS |
| <input type="checkbox"/> | <input type="checkbox"/> | Accusation |
| <input type="checkbox"/> | <input type="checkbox"/> | Blaming |
| <input type="checkbox"/> | <input type="checkbox"/> | Complaining |
| <input type="checkbox"/> | <input type="checkbox"/> | Condemnation |
| <input type="checkbox"/> | <input type="checkbox"/> | Criticalness |
| <input type="checkbox"/> | <input type="checkbox"/> | Fault Finding |
| <input type="checkbox"/> | <input type="checkbox"/> | Gossip |
| <input type="checkbox"/> | <input type="checkbox"/> | Judging |
| <input type="checkbox"/> | <input type="checkbox"/> | Murmuring |
| <input type="checkbox"/> | <input type="checkbox"/> | Ridicule |
| <input type="checkbox"/> | <input type="checkbox"/> | Slander |
| <input type="checkbox"/> | <input type="checkbox"/> | Unforgiveness |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | BOUND EMOTIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | Blocked Emotions |
| <input type="checkbox"/> | <input type="checkbox"/> | Numbness |
| <input type="checkbox"/> | <input type="checkbox"/> | Suppressed Emotions |
| <input type="checkbox"/> | <input type="checkbox"/> | Stoicism |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | CONTROL |
| <input type="checkbox"/> | <input type="checkbox"/> | Anorexia |
| <input type="checkbox"/> | <input type="checkbox"/> | Appeasement |
| <input type="checkbox"/> | <input type="checkbox"/> | Bulimia |
| <input type="checkbox"/> | <input type="checkbox"/> | Cutting |
| <input type="checkbox"/> | <input type="checkbox"/> | Denial |
| <input type="checkbox"/> | <input type="checkbox"/> | Domineering |
| <input type="checkbox"/> | <input type="checkbox"/> | Double Binding |
| <input type="checkbox"/> | <input type="checkbox"/> | Enabling |
| <input type="checkbox"/> | <input type="checkbox"/> | False Responsibility |
| <input type="checkbox"/> | <input type="checkbox"/> | Female Control |
| <input type="checkbox"/> | <input type="checkbox"/> | Jealousy |
| <input type="checkbox"/> | <input type="checkbox"/> | Manipulation |
| <input type="checkbox"/> | <input type="checkbox"/> | Male Control |
| <input type="checkbox"/> | <input type="checkbox"/> | Occult Control |
| <input type="checkbox"/> | <input type="checkbox"/> | Passive Aggression |
| <input type="checkbox"/> | <input type="checkbox"/> | Passivity |
| <input type="checkbox"/> | <input type="checkbox"/> | Possessiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | Pride (I know best) |
| <input type="checkbox"/> | <input type="checkbox"/> | Selfishness |
| <input type="checkbox"/> | <input type="checkbox"/> | Scheming |
| <input type="checkbox"/> | <input type="checkbox"/> | Through Anger |
| <input type="checkbox"/> | <input type="checkbox"/> | Through Fear |
| <input type="checkbox"/> | <input type="checkbox"/> | Through Intimidation |
| <hr/> | | |

- | <u>A</u> | <u>S</u> | |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | CONTROL (cont.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Through Witchcraft |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | DEATH |
| <input type="checkbox"/> | <input type="checkbox"/> | Abaddon (Rev. 9:11) |
| <input type="checkbox"/> | <input type="checkbox"/> | Abortion |
| <input type="checkbox"/> | <input type="checkbox"/> | Accidents (falls, cars, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Death Assignment |
| <input type="checkbox"/> | <input type="checkbox"/> | Death Wish |
| <input type="checkbox"/> | <input type="checkbox"/> | Destroyer |
| <input type="checkbox"/> | <input type="checkbox"/> | Miscarriage |
| <input type="checkbox"/> | <input type="checkbox"/> | Murder |
| <input type="checkbox"/> | <input type="checkbox"/> | Premature Death |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicide |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicide Attempt |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicide Fantasies |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | DECEPTION |
| <input type="checkbox"/> | <input type="checkbox"/> | Blindness |
| <input type="checkbox"/> | <input type="checkbox"/> | Cheating |
| <input type="checkbox"/> | <input type="checkbox"/> | Confusion |
| <input type="checkbox"/> | <input type="checkbox"/> | Denial |
| <input type="checkbox"/> | <input type="checkbox"/> | Delusion |
| <input type="checkbox"/> | <input type="checkbox"/> | Exaggeration |
| <input type="checkbox"/> | <input type="checkbox"/> | Fraudulence |
| <input type="checkbox"/> | <input type="checkbox"/> | Infidelity |
| <input type="checkbox"/> | <input type="checkbox"/> | Justifying |
| <input type="checkbox"/> | <input type="checkbox"/> | Lying |
| <input type="checkbox"/> | <input type="checkbox"/> | Minimizing |
| <input type="checkbox"/> | <input type="checkbox"/> | Naïveté |
| <input type="checkbox"/> | <input type="checkbox"/> | Secretiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-Deception |
| <input type="checkbox"/> | <input type="checkbox"/> | Treachery |
| <input type="checkbox"/> | <input type="checkbox"/> | Trickery |
| <input type="checkbox"/> | <input type="checkbox"/> | Untrustworthiness |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | DEPRESSION |
| <input type="checkbox"/> | <input type="checkbox"/> | Dejection |
| <input type="checkbox"/> | <input type="checkbox"/> | Discouragement |
| <input type="checkbox"/> | <input type="checkbox"/> | Despair |
| <input type="checkbox"/> | <input type="checkbox"/> | Despondency |
| <input type="checkbox"/> | <input type="checkbox"/> | Gloominess |
| <input type="checkbox"/> | <input type="checkbox"/> | Hopelessness |
| <input type="checkbox"/> | <input type="checkbox"/> | Insomnia |
| <input type="checkbox"/> | <input type="checkbox"/> | Misery |
| <input type="checkbox"/> | <input type="checkbox"/> | Oversleeping |
| <input type="checkbox"/> | <input type="checkbox"/> | Sadness |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-Pity |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicide Attempt |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicide Fantasies |
| <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal |
| <hr/> | | |

A S**EMOTIONAL****DEPENDENCY**

___ Co-dependency
 ___ Enabling
 ___ False Responsibility
 ___ Parental Inversion

ESCAPE

___ Apathy
 ___ Avoidance
 ___ Busyness
 ___ Complacency
 ___ Daydreaming
 ___ Fantasy
 ___ Forgetfulness
 ___ Hopelessness
 ___ Indecisiveness
 ___ Indifference
 ___ Isolation
 ___ Laziness
 ___ Oversleeping
 ___ Passivity
 ___ Procrastination
 ___ Suicide Fantasies
 ___ Trance
 ___ Withdrawal

FAILURE

___ Success / Failure Cycle
 ___ Defeat
 ___ Loss
 ___ Performance
 ___ Pressure to Succeed
 ___ Striving
 ___ Unfulfilled Destiny

FEAR

___ Anxiety
 ___ Bewilderment
 ___ Dread
 ___ Harassment
 ___ Heaviness
 ___ Horror
 ___ Intimidation
 ___ Over-sensitivity
 ___ Paranoia
 ___ Phobia
 ___ Superstition
 ___ Terror
 ___ Timidity
 ___ Torment
 ___ Worry
 ___ Fear of Authorities
 ___ Fear of being Abused
 ___ Fear of being Alone
 ___ Fear of being a Victim
 ___ Fear of being Attacked
 ___ Fear of being Wrong

A S**FEAR (cont.)**

___ Fear of Cancer
 ___ Fear of Conflict
 ___ Fear of Death
 ___ Fear of Demons
 ___ Fear of Exposure
 ___ Fear of Failure
 ___ Fear of Heart Attack
 ___ Fear of Inadequacy
 ___ Fear of Infirmities
 ___ Fear of Intimacy
 ___ Fear of Lack
 ___ Fear of Looking Stupid
 ___ Fear of Losing Control
 ___ Fear of Loss
 ___ Fear of Man
 ___ Fear of Marriage
 ___ Fear of Performing
 ___ Fear of Poverty
 ___ Fear of Punishment
 ___ Fear of Rejection
 ___ Fear of Sexual Inadequacy
 ___ Fear of Submission
 ___ Fear of Success
 ___ Fear of the Future
 ___ Fear of the Unknown
 ___ Fear of Violence

FINANCIAL PROBLEMS

___ Bankruptcy
 ___ Cheating
 ___ Covetousness
 ___ Debt
 ___ Deception
 ___ Delinquency
 ___ Dishonesty
 ___ Failure
 ___ Fraud
 ___ Greed
 ___ Hoarding
 ___ Idolatry of Money
 ___ Idolatry of Possessions
 ___ Illegitimate Gain
 ___ Irresponsible Spending
 ___ Job Failures
 ___ Job Losses
 ___ Lack
 ___ Lost Inheritance
 ___ Neglect
 ___ Poverty
 ___ Robbing God (not tithing)
 ___ Selfish Ambition
 ___ Stealing
 ___ Stinginess

A S**GRIEF**

___ Anguish
 ___ Crying
 ___ Despair
 ___ Disappointment
 ___ Heartbreak
 ___ Hope Deferred
 ___ Isolation
 ___ Loss
 ___ Pain
 ___ Regret
 ___ Sorrow
 ___ Torment
 ___ Weeping

IDOLATRY OF:

___ Appearance
 ___ Beauty
 ___ Children
 ___ Clothes
 ___ Education
 ___ Food
 ___ Intellectualism
 ___ Ministry
 ___ Money
 ___ Occupation
 ___ Position
 ___ Possessions
 ___ Power
 ___ Social Status
 ___ Sports
 ___ Spouse
 ___ Wealth

IDENTITY ISSUES

___ Bisexuality
 ___ Confusion
 ___ Effeminate Males
 ___ Emos
 ___ Gender Confusion
 ___ Goth
 ___ Homosexuality
 ___ Lesbianism
 ___ Loss of Self
 ___ Masculine Females
 ___ Self-Deception
 ___ Self-Hate
 ___ Transgender
 ___ Transsexual
 ___ Transvestite

A S

RELIGION

- ___ Antichrist
 - ___ Betrayal
 - ___ Denominationalism
 - ___ Division
 - ___ Excessive Rules
 - ___ False Faith
 - ___ Hypocrisy
 - ___ Injustice
 - ___ Legalism
 - ___ Liberalism
 - ___ New Age Practices
 - ___ Phariseeism
 - ___ Religiosity
 - ___ Religious Control
 - ___ Religious Performance
 - ___ Religious Slavery
 - ___ Spiritual Pride
 - ___ Traditionalism
 - ___ Unforgiveness
 - ___ Works Mentality
-
-
-
-

SEXUAL BONDAGE

- ___ Adultery
 - ___ Bestiality
 - ___ Bisexuality
 - ___ Defilement
 - ___ Demonic Sex
 - ___ Exposure
 - ___ Fantasy Lust
 - ___ Fornication
 - ___ Frigidity
 - ___ Homosexuality
 - ___ Illegitimacy
 - ___ Incest
 - ___ Lesbianism
 - ___ Lust
 - ___ Masochism
 - ___ Masturbation
 - ___ Molestation
 - ___ Pedophile
 - ___ Perversion
 - ___ Pornography
 - ___ Premarital Sex
 - ___ Promiscuity
 - ___ Prostitution / Harlotry
 - ___ Rape
 - ___ Sadism
 - ___ Seduction / Alluring
 - ___ Sexual Abuse
 - ___ Sodomy
 - ___ Uncleaness
 - ___ Voyeurism
-
-
-

A S

SHAME

- ___ Anger
 - ___ Bad Boy / Girl
 - ___ Being Different
 - ___ Condemnation
 - ___ Disgrace
 - ___ Embarrassment
 - ___ Guilt
 - ___ Hatred
 - ___ Illegitimacy
 - ___ Inferiority
 - ___ Regret
 - ___ Self-Accusation
 - ___ Self-Condensation
 - ___ Self-Hate
 - ___ Self-Pity
 - ___ Sexual Sins
-
-
-
-

TRAUMA

- ___ Abuse, Emotional
 - ___ Abuse, Mental
 - ___ Abuse, Physical
 - ___ Abuse, Sexual
 - ___ Abuse, Spiritual
 - ___ Abuse, Verbal
 - ___ Accidents
 - ___ Divorce
 - ___ Imprisonment
 - ___ Loss
 - ___ Post Traumatic Stress Disorder
 - ___ Rape
 - ___ Torture
 - ___ Violence
 - ___ War
-
-
-

UNBELIEF

- ___ Apprehension
 - ___ Cynicism
 - ___ Double Mindedness
 - ___ Doubt
 - ___ Fear of Being Wrong
 - ___ Intellectualism
 - ___ Mind Blocking
 - ___ Mistrust
 - ___ Rationalism
 - ___ Skepticism
 - ___ Suspicion
 - ___ Uncertainty
-
-
-

A S

UNWORTHINESS

- ___ Inadequacy
 - ___ Inferiority
 - ___ Insecurity
 - ___ Self-Accusation
 - ___ Self-Consciousness
 - ___ Self-Condensation
 - ___ Self-Hate
 - ___ Self-Punishment
 - ___ Self-Sabotage
-
-

VICTIMIZATION

- ___ Abandonment
 - ___ Betrayal
 - ___ Control
 - ___ Deportation
 - ___ Entrapped
 - ___ Helplessness
 - ___ Hopelessness
 - ___ Mistrust
 - ___ Passivity
 - ___ Predator
 - ___ Prejudice
 - ___ Self-Pity
 - ___ Slave Mentality
 - ___ Suspicion
 - ___ Trauma
 - ___ Unfaithfulness
-
-

VIOLENCE

- ___ Abuse
 - ___ Arguing
 - ___ Bickering
 - ___ Cruelty
 - ___ Cursing
 - ___ Death
 - ___ Destruction
 - ___ Feuding
 - ___ Hate
 - ___ Militancy
 - ___ Murder / Abortion
 - ___ Retaliation
 - ___ Strife
 - ___ Torture / Mutilation
 - ___ War
-
-

SUPPLEMENTAL GROUPING

- ___
- ___
- ___
- ___
- ___
- ___
- ___
- ___

A S

OCCULT
 Abortion (Molech)
 Absalom Spirit
 Accident Proneness
 Ahab Spirit
 Animal Spirits
 Antichrist
 Astral Projection
 Astrology
 Automatic Writing
 Behemoth
 Black Magic
 Clairvoyance
 Conjuraton
 Crystal Ball
 Death, Suicide
 Demon Worship
 Dispatching Demons
 Divination
 Eastern Meditation
 Eight Ball
 ESP
 Evil Eye
 False Gifts (Occult)
 Fortune Telling
 Freemasonry
 Hand Reading
 Handwriting Analysis
 Hexing
 Horoscopes
 Hypnosis
 I Ching
 Idolatry
 Incantations
 Jezebel
 Leviathan
 Levitation
 Mediumship
 Mental Telepathy
 Necromancy
 Non-Christian Exorcism
 Occult Books
 Occult Control
 Occult Dedications
 Occult Slavery
 Occult Victim
 Ouija Board
 Palm Reading
 Past Life Readings
 Pendulum Readings
 Psychic Healing
 Psychic Readings
 Python
 Reading Tea Leaves
 Reincarnation
 Satanic Worship
 Séances
 Sorcery
 Spells
 Spirit of Baccus
 (Mardi Gras)

A S**OCCULT (cont.)**

Spirit Guide(s)
 Spiritualism
 Superstition
 Table Tipping
 Tarot Cards
 TM
 Trance
 Using Third Eye
 Vampire
 Voodoo
 Water Witching
 Werewolf
 White Magic
 Wicca
 Witchcraft

HAVE YOU EVER

Cast a Spell or Hex
 Drank Blood or Urine
 Heard Satanic Rock Music
 Heard Violent Rap Music
 Had Masonic Jewelry
 Had Occult Jewelry
 Had Occult Books
 Had Witchcraft Books
 Had Pagan Fetishes
 Heard Voices
 Heard "Kill Yourself"
 Joined a Coven
 Made a Blood Pact
 Made a Blood Oath or Vow
 Participated in Martial Arts
 Played Dungeons &
 Dragons
 Seen a Sacrifice
 Seen Demons
 Seen Horror Movies
 Selected a Guru
 Used Mantras
 Visited Pagan Temples
 Visited Indian Burial
 Grounds

FAMILY INVOLVEMENT IN

Armstrong Radio Church
 Bahia
 Buddhism
 Buffaloes
 Christadelphians
 Christian Education Society
 Christian Science

A S

College Fraternities
 College Sororities
 Daughters of Eastern Star
 Daughters of the Nile
 DeMolay Lodge
 Druids
 Eagles Lodge
 Eastern Religions
 Edgar Cayce
 Elks Lodge
 Foresters
 Grange
 Hari Krishna
 Hinduism
 Indian Occult Rituals
 Inner Peace Movement
 Islam
 Jehovah's Witness
 Job's Daughters Lodge
 Kabbalah
 KKK
 Knights of Columbus
 Knights of Malta
 Knights of Pythias
 Knights Templar
 Mafia
 Moonies
 Moose Lodge
 Mormonism
 Mystic Order of the Veiled
 Prophets of the Enchanted
 Realm
 New Age Movement
 Odd Fellows Lodge
 Orange Lodge
 Order of the Red Cross
 Rainbow Girls Lodge
 Rebekahs Lodge
 Religious Science
 Riders of the Red Robe
 Rosicrucianism
 Santeria
 Satanism
 Scientology
 Shamanism
 Shintoism
 Shriners
 Silva Mind Control
 Spiritualism
 Swedenborgianism
 Theosophy
 Unitarian Church
 The Way International
 White Shrine
 Woodmen of the World

EXPECTATIONS OF YOUR COMMITMENT

Your Healing Stream Ministry Team will be making a major commitment to you; first as they schedule their time to be available to you, and also as they pray, prepare, and then minister to you. Likewise, it is expected that you will be committed to obtaining the maximum benefit possible from your ministry time. You can facilitate this by being on time to ministry sessions and by completing assignments given to you as part of your ministry. Most of all, it is expected that you will have a sincere desire to overcome whatever problems are hindering you, and that you will cooperate fully with the Healing Stream Ministers and with the Holy Spirit, in order to maximize your receiving God's help.

We ask you, by your signature, to commit to one month of serious prayer and Bible time following the completion of your ministry. This would include one hour per day (at least five days per week) devoted to prayer and Bible reading. This hour should include at least fifteen minutes of prayer and meditation on your new Godly Beliefs.

We also ask you to agree to call your ministry team two weeks and four weeks after your ministry, to report your progress, to obtain any needed prayer and support, and to be accountable as you meditate on your Godly Beliefs.

WAIVER OF LIABILITY AND CONFIDENTIALITY

I understand that I will be seeing Healing Stream Ministers who will be able to listen, support, encourage, pray with, and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that they **are not licensed or professional pastors or counselors. I acknowledge that all ministry is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, by anyone or any organization that I will or will not receive any particular healing. I hereby waive any and all claims of liability arising out of my participation in this ministry.** I accept that they may refer me to a pastor, counselor, and/or other agency in the community.

I am aware that all statements that I shall make to the Healing Stream Ministers are of a confidential nature, including all written information, and that certain medical information is protected by HIPPA. I am aware that legally and ethically my information may not be disclosed without my written consent, however, **I waive my right to confidentiality** at the discretion of the Healing Stream Ministers, particularly for the following situations:

- I acknowledge and accept that Pastors, counselors, Healing Stream Ministers, or any other persons involved in working with adults and children in a helping setting, are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do to himself or to others.
- I acknowledge and accept that they are also encouraged or required by law to report any reasonable suspicion of physical or sexual abuse that has been done, or that is being done to a minor child, an elder person or any other person at risk.
- I acknowledge and accept that the Healing Stream Ministers reserve the right to make such reports as mandated by law, whether or not they confer with me first.

By my signature below, I acknowledge that I have read and understand the "Waiver of Liability and Confidentiality" and that I accept the stated conditions and limits of confidentiality. I understand that I am executing this "Waiver of Liability and Confidentiality" voluntarily. Further, I agree to the "Expectations of Your Commitment," including the post-ministry prayer, Bible reading and meditation for at least 30 days on my Godly Beliefs and the two and four week progress report.

Signature

Date: _____

Printed Name

Your copy on page 19

PLEASE KEEP THIS COPY FOR YOUR REFERENCE AND RECORDS

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