



HEALING STREAM
PRAYER MINISTRY

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 save your application frequently. Completed applications can be emailed to Pastor Bruce Kotila (healingstream.kotila@gmail.com) or Nancy Pierce (healingstream.pierce@gmail.com).

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 RESTORING THE FOUNDATIONS MINISTRY:

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

AVAILABILITY:

Please describe what days and times you are available for ministry and what days and times you are not.

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.

- | | |
|--|---|
| <input type="checkbox"/> 1. My mother dieted | <input type="checkbox"/> 13. My parents wanted a child of the opposite sex |
| <input type="checkbox"/> 2. My mother took drugs | <input type="checkbox"/> 14. My mother did not want me |
| <input type="checkbox"/> 3. My mother smoked | <input type="checkbox"/> 15. My father did not want me |
| <input type="checkbox"/> 4. My mother drank alcohol | <input type="checkbox"/> 16. I was given up for adoption |
| <input type="checkbox"/> 5. My mother drank caffeine | <input type="checkbox"/> 17. I was next child after miscarriage or abortion |
| <input type="checkbox"/> 6. My mother experienced trauma | <input type="checkbox"/> 18. I was conceived out of wedlock |
| <input type="checkbox"/> 7. My mother was raped and I was conceived | <input type="checkbox"/> 19. There were premature delivery complications |
| <input type="checkbox"/> 8. My mother was in poor health | <input type="checkbox"/> 20. Breech delivery |
| <input type="checkbox"/> 9. My mother lost a loved one | <input type="checkbox"/> 21. Cord around my neck during delivery |
| <input type="checkbox"/> 10. My father died or left | <input type="checkbox"/> 22. Forceps delivery |
| <input type="checkbox"/> 11. There was a lot of fighting in the home | <input type="checkbox"/> 23. Labor was induced |
| <input type="checkbox"/> 12. My parents were too young; not ready for children | <input type="checkbox"/> 24. I suffered loss of oxygen during delivery |
| | <input type="checkbox"/> 25. C-section delivery |

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

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, 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.
- 4. I am not complete as a man (woman).
- 3. I will never be known or appreciated for my real self.
- 4. I will never really change and be as God wants me to be.
- 5. _____

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's 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

- | | |
|--|---|
| <input type="checkbox"/> Women control the household, men control at work. | <input type="checkbox"/> Men don't know what to do around the house. It's easier just to do things myself. |
| <input type="checkbox"/> Women are domineering and controlling. | <input type="checkbox"/> Men are passive. |
| <input type="checkbox"/> Women make too big of a deal about special occasions. | <input type="checkbox"/> Special occasions are not important to men. |
| <input type="checkbox"/> 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. | <input type="checkbox"/> Men are tight with their money. They don't appreciate how hard it is to keep the house supplied with food, clothes, etc. |
| <input type="checkbox"/> Women just want to talk about their feelings all the time. | <input type="checkbox"/> Men don't want an intimate, close relationship where a woman can share her innermost self. |
| <input type="checkbox"/> Women just aren't interested in making love. | <input type="checkbox"/> The only thing men are interested in is sex. |
| <input type="checkbox"/> Women make having children too important. They get consumed with the children's lives. | <input type="checkbox"/> Men see children as a bother. They would rather not have them. |
| <input type="checkbox"/> My wife and children have ganged up against me. I can't even talk to my children. | <input type="checkbox"/> My husband ignores our children. He isn't interested in being close to us. |
| <input type="checkbox"/> Women are just naturally more spiritual than men. | <input type="checkbox"/> Men are not concerned about the spiritual life of their family. |
| <input type="checkbox"/> My wife is lazy and doesn't keep the house in order. | <input type="checkbox"/> My husband just finds fault with my house keeping and doesn't see all that I do. |

FATHER'S SIDE OF THE FAMILY

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

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

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

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

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

GM Name: _____
6. 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: _____

MOTHER 14. 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

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.

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

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

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

INFIRMITIES / DISEASE

- _____ Allergies / Hay Fever
- _____ Arthritis
- _____ Asthma
- _____ Barrenness / Miscarriage
- _____ Bone Problems
- _____ Cancer Chronic
- _____ Colds Circulatory
- _____ Problems Dementia
- _____ Diabetes
- _____ Fatigue
- _____ Female Problems
- _____ Heart Problems
- _____ Joint Problems
- _____ Lung Problems
- _____ MS
- _____ Migraines
- _____ Physical Abnormalities
- _____ Sinus Problems
- _____ Teeth / Gum Problems

MENTAL PROBLEMS

- _____ ADD / ADHD
- _____ Alzheimer's Disease
- _____ Bi-polar Disorder
- _____ Craziiness
- _____ Compulsions
- _____ Confusion
- _____ Distraction
- _____ Forgetfulness
- _____ Hallucinations
- _____ Hysteria
- _____ Insanity
- _____ Mind Binding
- _____ Mind Blocking
- _____ Mind Racing
- _____ Obsessive-compulsive
- _____ Paranoia
- _____ Schizophrenia
- _____ Senility
- _____ Stress Disorder

MOCKING

- _____ Blaspheming
- _____ Cynicism
- _____ Cursing
- _____ Mocking Laughter
- _____ Profanity
- _____ Ridicule
- _____ Sarcasm
- _____ Scorn
- _____ Scoffing

A S

NEGLECT

- _____ Conditional Love
- _____ Favoritism
- _____ Lack of Affirmation
- _____ Lack of Communication
- _____ Lack of Guidance
- _____ Lack of Intimacy
- _____ Lack of Love
- _____ Lack of Nurture
- _____ Lack of Protection
- _____ Lack of Security
- _____ Lack of Validation

NOT MOTIVATED

- _____ Irresponsibility
- _____ Laziness
- _____ Procrastination
- _____ Undisciplined

ORPHAN LIFESTYLE

- _____ Disconnected
- _____ Discontent
- _____ Dissatisfaction
- _____ Fatherlessness
- _____ Homelessness
- _____ Illegitimacy
- _____ Impatience
- _____ Inconsistency
- _____ Lack of Identity
- _____ Lack of Place
- _____ Loss of Inheritance
- _____ Nomad
- _____ Restlessness
- _____ Searching
- _____ Spirit of Slavery
- _____ Unsettledness
- _____ Wandering

PERFORMANCE

- _____ Comparison
- _____ Competition
- _____ Coveting
- _____ Being Driven
- _____ Envy
- _____ Jealousy
- _____ People Pleasing
- _____ Perfectionism
- _____ Possessiveness
- _____ Rivalry
- _____ Striving
- _____ Workaholism

A S

PRIDE

- _____ Above Contradiction
- _____ Arrogance
- _____ Conceit
- _____ Egotistical
- _____ Haughtiness
- _____ Leviathan
- _____ Prejudice
- _____ Self-Centeredness
- _____ Self-Importance Self-
- _____ Righteousness
- _____ Superiority
- _____ Suppression of Others
- _____ Unteachableness
- _____ Vanity

REBELLION

- _____ Confusion
- _____ Contempt
- _____ Deception
- _____ Defiance
- _____ Dishonor
- _____ Disobedience
- _____ Independence
- _____ Insubordination
- _____ Mistrust
- _____ Resistance
- _____ Self-Reliance Self-
- _____ Sufficiency Self-
- _____ Will Stubbornness
- _____ Undermining
- _____ Unsubmissiveness

REJECTION

- _____ Expected Rejection
- _____ Indirect Rejection
- _____ Perceived Rejection
- _____ Self-Rejection
- _____ Suppression of Women

SUPPLEMENTAL GROUPING

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
- Uncleanness
- Voyeurism

A S

SHAME

- Anger
- Bad Boy / Girl
- Being Different
- Condemnation
- Disgrace
- Embarrassment
- Guilt
- Hatred
- Illegitimacy
- Inferiority
- Regret
- Self-Accusation
- Self-Condemnation
- 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-Condemnation
- 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
- _____ Conjuraction
- _____ 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
- _____ Bahai
- _____ 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 Restoring the Foundations 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 Restoring the Foundations 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 Restoring the Foundations 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 Restoring the Foundations 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 Restoring the Foundations Ministers, particularly for the following situations:

- I acknowledge and accept that Pastors, counselors, Restoring the Foundations 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 Restoring the Foundations 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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Signature

Date: _____

Printed Name