

Fervent Prayer Information Packet

Welcome to Calvary Chapel Boynton Beach's fervent prayer ministry. This ministry is centered on seeking our Lord Jesus Christ to set the captives free and heal the broken hearted. There is much that God has shown us in His Word teaching that this is His heart (Mark 16:17, 18; Isaiah 61:1-3).

Jesus Christ gave His life on Calvary for our redemption and freedom! However, our ability to walk in the freedom He intended, and have peace and joy in our hearts, depends on our willingness to surrender every area of our life to Him (including wounds from the past). True Freedom is the ability to bring every area of our life under the direction and control of Jesus Christ. The purpose of this questionnaire is to help you identify unsundered areas of your life that are keeping you from walking in the freedom that God has intended for you.

Satan is the common enemy of God and His children, and Christians are not exempt from his wicked schemes. Satan and his demons oppose a Christians' freedom to walk in God's will for their lives. And, satan will not easily give up any strongholds or areas of oppression that he claims in your life. However, Joel 2:32 promises that Christ is our Deliverer, "And it shall come to pass, that whosoever shall call on the name of the Lord shall be delivered. Throughout your counseling time, you must depend on Christ as your Deliverer and recognize that He is the only One who can help you.

Having freedom from bondage will depend on you participating with a whole heart. You will need to submit your will to the Lordship of Jesus Christ.

Since forgiveness of those who have sinned against us is one of the greatest weapons in bringing about liberation, we ask that you be willing to let the Lord enable you to forgive those who have wronged you. The purpose of forgiveness is to remove satan's right to justly accuse and oppress you in these areas.

Please pray while filling out this form, asking the Holy Spirit to guide you and bring key things to your mind. He is your Helper, "The Wonderful Counselor," and will help you expose the darkness with His truth. Please add any pertinent information concerning your background and problems that you think might be helpful. Please pray to God for wisdom to bring about your freedom from bondage. If you have any questions, please contact Kathy Massey at 561-685-7243 or Kathy@masseygroupusa.com.

While a love-offering is not required, if the Lord touches your heart to share with this ministry, your tax deductible gift will be greatly received and used for expenses within this ministry. Please make your checks payable to: Fervent Prayer Ministry. Thank you!

I have read the above and I understand that this is my freewill choice to participate in the fervent prayer ministry. I fully understand that those involved in this ministry are not professional counselors, but sisters and brothers in Christ who are committed to praying and seeking the Lord for my healing:

Name

Date

CONFIDENTIAL PERSONAL INVENTORY

PERSONAL INFORMATION

(Please print your full name as shown on your birth certificate, and if you are a married or divorced woman, add married name.)

Date of birth: _____ Place of birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____ Other: _____

Referred by: _____

Church Affiliation: Present: _____ Past: _____

Vocation: _____

Education: Elementary through High School (highest grade completed): _____

College: _____ Degree: _____

Other education/job training: _____

Marital status: Single Married Divorced Widowed

Spouse's Name: _____

Please give Spouse's full name; if spouse is the wife, please include her maiden name

Date of Marriage: _____ If you are divorced, state number of times divorced: _____

Please list full name(s) of ex-spouses (please include maiden name(s) if wife (wives)).

Children: Full names and birth dates (please indicate if adopted).

Miscarriages: please explain.

INFORMATION ON FAMILY MEMBERS

- 1. Is your father alive? Yes No
- 2. Is your mother alive? Yes No
- 3. Are your parents presently married or divorced?
Briefly explain the attitude of their relationship:

- 4. During the first 12 years of your life, was there a sense of security and harmony or insecurity and disharmony in your home?
Please explain:

- 5. Were there any particular problems with your father? Yes No With your mother? Yes No
With your brother(s) or sister(s)? Yes No
Please explain:

- 6. Briefly describe your relationship with your father:

- 7. Briefly describe your relationship with your mother:

- 8. Briefly explain whether or not your parents are Christians and, if so, whether or not their lifestyles reflect Christ-like behaviors:

FAMILY AND PERSONAL HEALTH

1. Are there any addictive problems in your family (alcohol, drugs, etc.)? Yes No

Please explain:

2. Do you have any addictions or cravings that you find difficult to control (tobacco, drugs, alcohol, sweets, food in general, etc.)? Yes No

Please explain:

3. Are you presently taking any kind of medication for physical and/or psychological reasons? Yes No

Please list each medication and explain its purpose:

4. Do you have any problem sleeping? Yes No

Are you having nightmares or disturbances? Yes No

If so, please explain:

RELATIONSHIP WITH SPOUSE

1. Please share how you get along with your spouse:

2. Is your spouse a Christian? Yes No

EMOTIONS

1. Do you have trouble giving and receiving love? Yes No

2. State below, under "Earliest Age" the earliest age you remember experiencing difficulty in controlling any of the following emotions and check under "Present" if you still struggle with controlling those emotions:

	Earliest Age	Present		Earliest Age	Present
Frustration	_____	_____	Bitterness	_____	_____
Anger	_____	_____	Depression	_____	_____
Anxiety	_____	_____	Fear of losing your mind	_____	_____
Loneliness	_____	_____	Fear of committing suicide	_____	_____
Worthlessness	_____	_____	Fear of hurting loved ones	_____	_____
Hatred (for self)	_____	_____	Fear of death	_____	_____
Hatred (for others)	_____	_____	Fear of _____		

3. Name the above emotions that you feel are sinful and explain why:

4. Concerning your emotions, whether positive or negative, check those that best describe you:

- Readily express my emotions
- Express some of my emotions, but not all
- Readily acknowledge my emotions' presence, but I am reserved in expressing them
- Tendency to suppress my emotions
- Feel it is safer not to express how I feel emotionally
- Tendency to disregard how I feel emotionally since I don't trust my feelings
- Consciously or subconsciously deny my emotions; it's too painful to deal with them

5. How important is it that you are emotionally honest before God? _____

Please explain:

MENTAL HEALTH

1. Have you ever been diagnosed with any emotional and behavioral disorders? Yes No
Please list the clinical terms and your age when each was diagnosed:

2. Have you ever had psychiatric counseling: Yes No
Were you hospitalized? Yes No How long? _____

3. Have you ever entertained thoughts of suicide? Yes No
Please explain:

4. Have you ever attempted suicide? Yes No
By what method and why?

5. Within the following ages, how many actual memories do you have?
(Not memories based on pictures someone has shown you or what someone has told you of the past.)
Age 0 to 5:

Age 6 to 12:

6. Do you suffer from lapses of memory or time? Yes No
Please give an example:

7. Do you spend time wishing you were someone else or fantasizing that you are a different person? Yes No
Do you imagine yourself living in a different time, place, or circumstance? Yes No
Please explain:

8. Please state the earliest age you struggled with any of these subjects, and check (✓) under "Present" if you still struggle with any of them:

	Earliest Age	Present		Earliest Age	Present
Apathy	_____	_____	Insecurity	_____	_____
Blasphemous thoughts	_____	_____	Lustful thoughts	_____	_____
Compulsive thoughts	_____	_____	Obsessive thoughts	_____	_____
Dizziness	_____	_____	Skepticism	_____	_____
Fantasizing	_____	_____	Thoughts of inferiority	_____	_____
Hardness in emotions	_____	_____	Worry	_____	_____
Headaches	_____	_____	Other _____	_____	_____

9. Please state the earliest age you remember strong, prolonged fear to any of the following, and check (✓) under "Present," if you still do:

	Earliest Age	Present		Earliest Age	Present
Being alone	_____	_____	Snakes/Insects	_____	_____
Crowds	_____	_____	The dark	_____	_____
Death	_____	_____	The future	_____	_____
Failure	_____	_____	Other _____	_____	_____

10. Please state the earliest age you remember having a strong influence concerning any of the following, and check (✓) under "Present," if you still do:

	Earliest Age	Present		Earliest Age	Present
Anti-Semitism	_____	_____	Racial prejudice	_____	_____
Grudge-holder	_____	_____	Rebellion	_____	_____
Impatience	_____	_____	Religious Pride	_____	_____
Intimidator	_____	_____	Self-centered	_____	_____
Irritability	_____	_____	Stubbornness	_____	_____
Legalism	_____	_____	Temper	_____	_____
Manipulation	_____	_____	Vengeance	_____	_____
Moodiness	_____	_____	Violence	_____	_____

11. Do you struggle with modern idolatry (i.e., materialism, being a work-aholic, sports addict, addiction to any consuming lifestyle or interest that deters you from God's will)? Yes No

Please explain:

12. Please check if you have acted out, verbally or in your mind, the following in the past:

Swearing Blasphemies Obscenities

13. Check if you currently act out the following, verbally or mentally:

- Swearing Blasphemies Obscenities

14. Do you readily engage in lying? Yes No

What are you more readily prone to lie about?

15. Are there people in your life that you cannot stand to be around, or perhaps when you're around a certain person, you feel a relational wall of tension between the two of you? Yes No List any person(s) with whom you experience the following emotions and explain why you feel the way you do about them:

Unforgiveness:

Resentment:

Bitterness:

Hatred:

16. Have you ever wished someone would die? Yes No

Have you ever entertained thoughts of how to go about murdering someone? Yes No

If you answer any of the above with "yes", please explain:

SPIRITUAL HISTORY

1. Suppose you die tonight and appear before God in heaven and He asks, "By what right should I allow you into My presence, to live in heaven for eternity?" How would you answer Him?

2. When did you receive Christ as your Savior? (John 1:12)

3. Do you have doubts about your salvation?

4. Is repentance part of your Christian life? Yes No

5. Do you struggle and experience doubt and unbelief in attempting to live the Christian life daily? Yes No
If so, in what areas of your life?

6. Are you presently enjoying fellowship with other believers Yes No, and if so, where and when?

7. Are you under the authority of a local church where the Bible is taught? Yes No

Do you regularly support the church with you time, talents, and tithes? Yes No

If not, why not?

8. Do you regularly read the Bible? Yes No

To what extent?

9. Do you find prayer time with God difficult mentally? Yes No

Please explain:

10. Have you had any spiritual experiences that you would consider as out of the ordinary? Yes No

Please explain:

RELIGIOUS CULT HISTORY

1. Are/were your parents and/or grandparents superstitious? Yes No Were you in the past? Yes No
Are you now superstitious? Yes No

2. Have you ever worn or owned "lucky" charms, fetishes, amulets, or signs of the zodiac? Yes No
Do you still have any of those in your possession? Yes No Please name them:

3. Do you own or have any symbols of idols or items used in spirit worship? Yes No

Please check any of the following that you own?

Buddhas

Totem poles

Masks

Carvings

Fetish objects or feathers

Pagan symbols

Native art

Dream catchers

Statues of people (dead/alive) that you believe hold any special powers? Please explain your thoughts:

4. Are you willing to rid your home of any object that is displeasing to the Lord (Deut. 7:26)? Yes No
Please explain why?

5. To your knowledge, have you or any of your relatives (parents, grandparents, great-grandparents, etc.), ever been involved in any of the **occult, cultic, or non-Christian "religious" experiences** below?

S= Self

F= Family Member

S/F = Self and Family Member

_____ Amateur hypnosis

_____ Islam

_____ Silva Mind Control

_____ Astral projection

_____ Jehovah's Witness

_____ Speaking in a trance

_____ Astrology

_____ Magic charming

_____ Table lifting

_____ Automatic writing

_____ Materialization

_____ Tarot cards

_____ Black/White magic

_____ Mental suggestion (attempts to swap minds)

_____ Telepathy

_____ Blood pacts

_____ Mormonism

_____ Transcendental Meditation

_____ Christian Science

_____ New Age

_____ Unification Church

_____ Clairvoyance

_____ New Age medicines

_____ Unitarianism

_____ Curandero

_____ Ouija board

_____ Unity

_____ Demolay

_____ Palm-reading

_____ Visionary dreams

_____ Eastern Star

_____ Rainbow Girl

_____ Yoga

_____ Freemason

_____ Rod and pendulum(dowsing)

_____ Zen Buddhism

_____ Fortune-telling

_____ Santeria

Other _____

_____ Ghosts

_____ Scientology

_____ Incubi/Succubi (sexual spirits)

_____ Shriner

6. If so, to what degree were you/they involved, and to what level did you /they climb in the organizations?

7. Have you ever been hypnotized, attended a “New Age” seminar, or participated in a séance? Yes No
 Please explain:

8. Have you been involved in martial arts? Yes No Which ones and to what level have you advanced?

9. Are you currently involved in martial arts? Yes No
10. Have you ever learned about or used any form of mind communication or mind control? Yes No
 Please explain:

11. Have you ever taken a class or read books on parapsychology or witchcraft? Yes No
 Please explain:

12. Do you have, or have you ever had, an imaginary friend or spirit guide offering you guidance or companionship? Yes No
 Please explain:

13. Have you ever experienced what you would term as premonitions? Yes No
 Déjà vu? Yes No Psychic sight? Yes No
 Please explain:

14. Have you ever been involved in any form of religious pagan ceremony? (i.e. Voodoo) Yes No
 Please explain:

15. Do you have any tattoos? Yes No Please describe, tell their meanings, and/or why you were tattooed:

16. To your knowledge, has any curse been placed on you or members of your family? Yes No
Please share who made it and why:

17. Have you ever heard voices or emotional messages in your mind, had repeating and nagging thoughts that were foreign to what you believe, or felt like there was a dialogue going on in your head? Yes No
Please explain:

18. Have you played demonic games such as Dungeons and Dragons? Yes No
Have you visited any demonic internet sites? Yes No
Have you watched any demonic films? Yes No
Please explain:

19. Have you been involved in satanic rituals of any form? Yes No
Please explain:

20. Do you still participate in any of the above demonic activities now? Yes No
Are there other activities you are involved in that you would consider evil or demonic? Yes No
Please explain:

21. Have you ever made a pact with the devil? Yes No Was it a blood pact? Yes No
If either of your answers is "yes", please explain:

PHYSICAL, EMOTIONAL, SEXUAL

1. Have you ever been emotionally and physically battered (excluding sexual abuse)? Yes No

Please explain:

2. Have you ever been sexually molested or raped? Yes No What age(s): _____

Please explain:

3. Have you ever been a victim of incest or sexually molested by a family member? Yes No

4. Are you or have you ever cut or hurt yourself? Yes No

Please explain:

5. Do you currently have or have you ever had an eating disorder? Yes No

Please explain:

6. Have you ever committed fornication (a sexual act by an unmarried person)? Yes No

If so, about how many partners? _____ Are you currently having an affair with someone? Yes No

7. If married, have you ever committed adultery (sexual act by a married person, with someone other than their spouse)? Yes No Are you currently having an affair? Yes No

If so, are you willing to break it off? Yes No If not, why?

8. Have you ever been personally involved with a person who has had an abortion? Yes No

Please explain:

9. If a woman, have you ever had an abortion? Yes No

Please tell how many abortions you have had and how old you were when the abortion(s) took place:

10. Have you ever had a baby or fathered a baby and adopted the baby out? Yes No
Was the baby conceived out of wed-lock? Yes No
11. Have you ever had a desire to have sex with a child? Yes No
12. Have you ever committed incest? Yes No
13. Have you ever been involved in pornography? Yes No What is the earliest age you pursued it? _____
How were you introduced to pornography, please explain:

14. Are you currently active in pornography? Yes No If so, do you desire to be free from it? Yes No
15. Have you practiced masturbation in the past? Yes No Recently? Yes No
16. Have you ever had homosexual or lesbian thoughts and desires? Yes No
What is the earliest age you recall being attracted to a person who was the same sex as yourself? _____
Do you currently entertain those thoughts? Yes No
Have you been a cross-dresser in the past? Yes No Recently? Yes No
17. Have you ever actually had a homosexual or lesbian experience? Yes No Did you become sexually involved in a steady relationship? Yes No Are you still in that relationship? Yes No
Do you desire to be free from the relationship and homosexuality? Yes No

PERSONAL TIME

1. Approximately how many hours of TV do you watch per week? _____ List five of your favorite TV programs that you enjoy viewing:

2. Approximately how many hours do you spend on the computer other than strictly mandatory work? _____
In what way do you use this time?

3. Approximately how many hours do you spend each week reading? _____
What do you read primarily (newspapers, magazines, secular books, religious book, the Bible, etc.)?

4. Do you listen to music often? Yes No What types of music do you enjoy the most?

