



The Harvest

Embrace TRUTH | Live TRUTH | Share TRUTH

FREEDOM AND HEALING CENTER INTAKE FORM

Please answer in a different type font, in caps or in legible handwriting.

CONTACT INFORMATION

Name _____ Sex _____ Age _____

Address _____

Phone (Home) _____ (Cell) _____

(Work) _____

Email _____

Best time and method to reach you _____

EDUCATION/WORK

Occupation _____ Education (highest grade completed) _____

MARRIAGE INFORMATION

Marital status _____ Name of spouse _____

Please share any additional information about this or any previous marriages that you feel would be relevant.

INFORMATION ABOUT CHILDREN

Name	Age	Sex	Living (Yes/No)	Marital Status
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

Have you had any miscarriages/abortions Yes/No Which? _____

HEALTH

Describe any history of addictions in your family (e.g. alcohol, drugs, gambling, eating disorders)? _____

Describe any history of mental or emotional illness? _____

Please list any other major health condition(s) _____

Are you presently taking medication? Yes/No What? _____

Have you used drugs for other than medical purposes? Yes/No
If Yes, what? _____

Describe any addictions or cravings you find it difficult to control (sweets, drugs, alcohol, food, sex, etc.?)

MENTAL/EMOTIONAL

Have you ever had a severe emotional disturbance, breakdown, disorder, etc.? Yes/No
If Yes, explain _____

Have you ever had any psychotherapy, counseling, or prayer ministry? Yes/No
If yes, which? _____ When? _____

What was the outcome? _____

Describe any desire to be someone else. _____

Describe any desire to escape life and not exist. _____

Describe any desire to live in another place and time. _____

Have you feared that you might go insane? Yes/No
If yes, explain _____

Check and explain presence of any of the following:

- | | | |
|------------------------|----------------------|----------------------------|
| _____ Shame | _____ Anger | _____ Unworthiness |
| _____ Guilt | _____ Bitterness | _____ Inadequacy |
| _____ Deception (Lies) | _____ Resentment | _____ Insecurity |
| _____ Fear | _____ Depression | _____ Inferiority |
| _____ Worry | _____ Hatred | _____ Blasphemous Thoughts |
| _____ Anxiety | _____ Self Hatred | _____ Pride |
| _____ Panic | _____ Lust | _____ Arrogance |
| _____ Rejection | _____ Fantasy | _____ Rebellion |
| _____ Abandonment | _____ Pornography | _____ Doubt |
| _____ Neglect | _____ Adultery | _____ Skepticism |
| _____ Self-Rejection | _____ Death Thoughts | _____ Loneliness |
| _____ Control | _____ Suicide | _____ Compulsiveness |
| _____ Performance | _____ Death Wish | _____ Addictions |
| _____ Unwantedness | _____ Abuse | _____ Confusion |

Other _____

Have you ever been arrested? Yes/No Why? _____

RELIGIOUS BACKGROUND

Denominational preference? _____

What church do you presently attend? _____

Who is the pastor? _____

Church attendance (times per month): 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood _____ Baptized? Yes/No

Religious background of spouse _____

Do you consider yourself a religious person? Yes/No/Uncertain

Do you pray to God? Yes/No/Uncertain

Are you saved? Yes/No/Not sure what you mean?

If you were to die right now, are you certain you would go to heaven? Yes/No/Uncertain

What is the basis for answering the preceding question as you did? _____

Are you plagued with doubts concerning your salvation? Yes/No

How much do you read the Bible? Never/Occasionally/Often

Do you pray regularly? Yes/No

Do you find praying difficult? Explain _____

Do you have a regular personal time with God? Yes/No

Do you have regular family devotions? Yes/No

Explain recent changes in your Christian experience, if any _____

Describe any other experiences you may have had that would be considered out of the ordinary _____

Have you had any experience in the following occult activities or religions? Explain _____

Occult

Religions

_____ Astral Projection

_____ Ouija Board

_____ Table Lifting

_____ Speaking in Trance

_____ Automatic Writing

_____ Visionary Dreams`

_____ Telepathy

_____ Christian Science

_____ Unity

_____ Scientology

_____ Rosicrucianism

_____ The Way International

_____ Unification Church

_____ Unitarianism

_____ Zen Buddhism

_____ Hare Krishna

_____ Baha'iism

_____ Science of Mind

_____ Silva Mind Control

_____ Echkantar

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Clairvoyance | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> EST |
| <input type="checkbox"/> Fortune Telling | <input type="checkbox"/> Children of God | <input type="checkbox"/> Islam |
| <input type="checkbox"/> Tarot Cards | <input type="checkbox"/> Mormonism | <input type="checkbox"/> Black Muslim |
| <input type="checkbox"/> Healing Magnetism | <input type="checkbox"/> Freemasonry | <input type="checkbox"/> Hinduism |
| <input type="checkbox"/> Palm reading | <input type="checkbox"/> New Age | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Blood Pacts | <input type="checkbox"/> Theosophy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Astrology | <input type="checkbox"/> Wicca | |
| <input type="checkbox"/> Rod and Pendulum
(dowsing) | <input type="checkbox"/> Satanism | |
| <input type="checkbox"/> Amateur Hypnosis | | |
| <input type="checkbox"/> Magic (black or white) | | |
| <input type="checkbox"/> Transcendental Meditation | | |
| <input type="checkbox"/> Other occult practices/worship | | |

Please check any of the following things that feels compulsive in you:

- An overwhelming desire to blaspheme God.
- A revulsion against the Bible, including a desire to tear it up or destroy it.
- Deep feelings of bitterness and hatred toward others without reason.
- Deep feelings of bitterness and hatred toward the Church.
- Any compulsive temptations, which you truly do not want to do or think.
- Compulsive desires to viciously tear other people down.
- Intense feelings of guilt even after honest confession is made to the Lord.
- Certain physical symptoms that appear suddenly or leave quickly with no medical cause.
- Pains that seem to move around and for which there is no medical cause.
- Deep depression and despondency.
- Sudden surges of violent rage, uncontrollable anger, or seething.
- Compulsive thoughts of violence (suicidal, homicidal, irrational desires to hurt pets or animals).
- Uncontrollable bizarre or terrifying thoughts that seem to come from nowhere.
- Hatred for authority.
- Panic attacks.
- Fears that dominate you.
- Recurring dreams or nightmares that are of a horrific or immoral in nature.
- Abnormal or perverted sexual desires.

- An overwhelming fascination with the occult.
- Extremely low self-image (unworthy, a failure, no good, hatred of self).
- Constant confusion in thinking.
- Inability to believe (even when the person wants to).
- Mocking and blasphemous thoughts when listening to preaching/teaching of the Word of God.
- Perceptual distortions: seeing people morphing into demons or beasts.
- Irrational hostility or fear when encountering someone involved in deliverance work.
- Overwhelming feelings of being watched or sensing an evil presence.
- Bizarre feelings of something or someone else rising up in you.
- Compulsive drug abuse (especially when there is demonic hallucinations).
- Eating obsessions
- Compulsive sexual sins (especially perversions).
- Strong irrational reactions to the name and blood of Jesus Christ.
- Uncontrollable vulgar language and actions.
- Black outs/Loss of time
- Extreme sleepiness around spiritual things.
- Voices are heard in the mind (they mock, intimidate, accuse, threaten or bargain).
- Supernatural experiences: movement distortion or disappearance of objects.

FOUR IMPORTANT QUESTIONS

In your own words describe and evaluate your problems? _____

What have you done about it? _____

What are your expectations in coming to us for ministry? _____

Is there any other information we should know? _____

Please return the signed forms to:

- Pastor Joshua Craig, MA, The Director of The Freedom & Healing Center.
- You may also mail them to *The Harvest P.O. Box 29993, Thornton, CO 80229.*
- You may also email the signed form to: *josh@graftedin.com*

Once we receive the signed forms, we will contact you to schedule a 1-2 hour ministry session.

