

# Prayer Ministry Intake Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse's first name: \_\_\_\_\_

Number of children: \_\_\_\_\_ Name(s) and age(s): \_\_\_\_\_

I was referred by: \_\_\_\_\_

Have you been in counseling? If yes, give details.

Briefly describe what brings you to prayer ministry now.

Check the issues that pertain to you. Please rate the degree of urgency for 1 (low) to 5 (high).

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|-------------------------|------------------------|------------------------------|
| _____ Depression        | _____ Chronic Illness  | _____ Sexual Identity Issues |
| _____ Marital Problem   | _____ Homosexual       | _____ Anger                  |
| _____ Addiction         | _____ Insomnia         | _____ Physical Abuse         |
| _____ Eating Disorder   | _____ Alcoholism       | _____ Sexual Abuse           |
| _____ Grief/Loss        | _____ Low Self-Esteem  | _____ Emotional Abuse        |
| _____ Occult Oppression | _____ Career Decision  | _____ Relationships          |
| _____ Workaholism       | _____ Financial Crisis | _____ Loneliness             |
| _____ Unforgiveness     | _____ Anxiety          | _____ Suicidal Thoughts      |
| _____ Bitterness        | _____ Resentment       | _____ Co-dependency          |
| _____ Shame             | _____ Unmet needs      | _____ Blame                  |
| _____ Fear              | _____ Inferiority      | _____ Control                |
| _____ Panic             | _____ Arrogance        | _____ Manipulation           |
| _____ Neglect           | _____ Rejection        | _____ Confusion              |
| _____ Performance       | _____ Abandonment      | _____ Adultery               |
| _____ Perfectionism     | _____ Pride            | _____ Unworthiness           |
| _____ Bitterness        | _____ Betrayal         | _____ Fantasy                |
| _____ Hatred of self    | _____ Worry            | _____ Lust                   |
| _____ Pornography       | _____ Guilt            | _____ Rebellion              |

Other crisis situation (Please describe):

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Please describe your support system:

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Have you had any major surgeries, illnesses or accidents? If so, please describe:

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Have you ever had a severe emotional trauma or physical trauma? Yes                      No  
Explain \_\_\_\_\_

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Are you under a doctor's care now? For what?

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What prescription medication(s) are you currently taking? For what?

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How do you spend your leisure time?

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**MARRIAGE INFORMATION**

Marital status \_\_\_\_\_ First Name of spouse \_\_\_\_\_

Any previous marriages? (For either) \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_

Have you ever been separated? \_\_\_\_\_ Divorced? \_\_\_\_\_

How long? \_\_\_\_\_

**INFORMATION ABOUT CHILDREN**

Any children? \_\_\_\_\_ How many? \_\_\_\_\_

Ages? \_\_\_\_\_ Adoptions? \_\_\_\_\_

Have you had any miscarriages? \_\_\_\_\_ Abortions? \_\_\_\_\_

**PARENTS' RELATIONSHIP**

Parents married/ divorced? \_\_\_\_\_ Alive or deceased? \_\_\_\_\_

Any step-parents? \_\_\_\_\_ Adopted parents? \_\_\_\_\_

Were you raised by anyone other than your parents? Briefly explain

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Any Siblings?

Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

**HOME LIFE GROWING UP:**

Briefly describe your relationship with: Mother, Father, Siblings, Spouse, or significant other

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Was there a sense of security and harmony in your home growing up?

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How was authority exercised in your home? Which parent was in charge and how did he/she operate? \_\_\_\_\_

How was affection shown between your parents and towards you?

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Briefly describe any significant details about your birth story: \_\_\_\_\_

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Are you aware of any adultery or incest in your family or that of your grandparents?

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Have you or any of your parents, grandparents, or great-grandparents ever been involved in any occultic, cultic or non-Christian religious practices? (e.g. Free Masonry, Palm Reading, Tarot cards, Horoscopes, Medium, Spiritualist, Psychic, etc.)

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Were your parents Christians and did they profess and live their Christianity?

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Any addictions in your family (e.g. alcohol, drugs, gambling, eating disorders)?

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Any history of mental or emotional illness? Suicide?

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Are you aware of any generational sin/pattern or habit in your family line? \_\_\_\_\_

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### **RELIGIOUS BACKGROUND**

Have you accepted Jesus Christ as your Lord and Savior? \_\_\_\_\_ When? \_\_\_\_\_

Do you attend church? \_\_\_\_\_ Name of Church \_\_\_\_\_

Have you been baptized? \_\_\_\_\_ Made a profession of faith? \_\_\_\_\_

How often are you in the Word? \_\_\_\_\_

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Briefly describe your prayer life? \_\_\_\_\_

Do you find praying difficult \_\_\_\_\_ Explain \_\_\_\_\_

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

Have you ever been involved either in reading or in practice with anything “spiritual” that is not Christ-centered? \_\_\_\_\_

Explain \_\_\_\_\_

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**Four Important Questions**

In your own words describe and evaluate your problems?

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What steps have you taken to take responsibility for your life and healing journey?

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What is your desire in coming for ministry/prayer?

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Is there any other information we should know?

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