**Healing Prayer/Deliverance Ministry**

**Living Christ Church---Pre-Ministry Screening/Interview**

Complete and return this questionnaire to prayer@lccnyack.org. After the questionnaire is received you will be scheduled for a two hour private prayer session with the Healing Prayer Team. The individual who will facilitate your prayer time is the only one who will see this questionnaire. The prayers of the entire team for you are for God’s restoring presence in your life and circumstances.

Name:

Street Address: City/State/Zip:

Phone: Email Address:

Gender: Age:

Church: Referred by:

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It is important that you set aside some quiet time in order to prayerfully consider the questions that follow and to ask for God’s revelation to you about the answers to these questions in your own life. Be as clear in your heart as possible, and ask God for clarity about the issue(s) with which you now want to deal.

**Personal Assessment**

1. What is the issue(s) or biggest pain point?

 When did it begin? Is it an ongoing issue?

2. How does this issue impact your spirit, thoughts, emotions, your will and your life?

3. What early life experiences stimulate this same issue in your spirit, thoughts, emotions or will?

4. How is this issue affecting your relationship with God?

5. What would freedom for your spirit, thoughts, emotions, or will look like?

6. What would freedom feel like? Be as specific as you are able.

7. Are you willing to own your part of the issue and seek healing?

8. Do you sense any resistance or hesitancy at the thought of submitting to the healing process? Explain

9. Are there phrases that keep running through your mind, that carry a weight of emotional burden with them? Describe

10. Have you ever heard voices in your mind or repeating negative thoughts? Explain

11. Ask God to bring to mind every relationship in which you have feeling of resentment or bitterness (including God). List them here.

12. Ask God to reveal every person from whom you need forgiveness.

13. List any condemning words spoken to/about you either currently or in the past. (E.g. You are such a failure or You are so stupid.)

14. List any condemning or limiting words you have spoken about yourself. (E.g. I will never be able to succeed or I’m not good enough)

15. List any judgments or vows you have made. (E.g. I will never….. or men/women will always let me down.)

**16. Significant Events in your Life--Explain any that apply**

Sickness

Injuries

Hospitalization

Disabilities

Failures

Deaths

Verbal or Emotional Abuse

Physical Abuse

Sexual Abuse

Divorces

**17. Personal Strongholds**

Check all that are currently present:

Shame Hatred Fear Inadequacy

Guilt Self-hatred Worry Unworthiness

Deception Rejection Anxiety Insecurity

Anger Self-Rejection Panic Inferiority

Bitterness Abandonment Lust Doubt

Resentment Neglect Fantasy Skepticism

Depressions Death wish Pornography Pride

Loneliness Suicidal thoughts Rebellion Obsessions

Headaches Compulsiveness Control Blasphemous thoughts

**Walk with God**

18. How would you describe your current relationship with God?

19. Have the “negative” or difficult times in your life drawn you closer or pushed you away from God? Explain:

20. Check any of the following statements that are currently true in your life:

I am very satisfied in my relationship with God.

God is always there for me.

God’s presence feels very real to me.

I have a sense how God is working in my life

I want to know God intimately.

I regularly study the Bible and pray.

My relationship with God is alive and growing.

**Family Background**

Prayerfully consider and ask God to reveal the emotional impact that members of your family have had in relationship to your issue(s).

21. Were you adopted? Raised by someone other than your parents? Who?

22. Did your parents want you?

23. How would you describe the emotional atmosphere in your family of origin?

24. I often felt my mother (fill in the blank). I often felt my father (fill in the blank).

**Family Health, Patterns and Background**

25. Do you have any addictions or cravings you wish you could better control? (E.g. food, sweets, drugs, alcohol, shopping, computer, pornography, sex, other) (explain)

26. Any addictions in your family or in your background? (explain)

27. Any history of mental or emotional illness in your family? (explain)

28. Any recurrent illnesses or diseases that run through your family line? (explain)

29. What are some common negative emotions in your family line that may be in your life or impacting your life? (E.g. shame, guilt, fear, anger, rejections, etc.)

30. What are some common negative behaviors in your family line that may be in your life or impacting your life? (E.g. judgmental, critical, people pleasing, controlling, etc.)

Living Christ Church (LCC) Healing Prayer Ministry

**Consent for Lay Ministry and Liability Release for LCC Healing Prayer Ministry**

The ministry you will receive is called Prayer Ministry. It is not professional counseling. The members of the Healing Prayer Ministry of Living Christ Church (LCC) are not professional counselors and are not licensed or insured as such. The prayer team works with you only as you choose to work with them.

Release Statement:

I desire to receive ministry from the Healing Prayer Ministry Team ("Ministry Team") of Living Christ Church, Nyack, NY. I have asked for this ministry of prayer. I have come on my own free will and I understand I may leave the prayer time whenever I wish. In addition, I affirm that the results are to be left in the hand of God, while it is my responsibility to exercise my faith in Jesus Christ and in His promises for me (Hebrews 2:14-15).

I understand that the Ministry Team members from whom I am receiving ministry make no claim to be professional counselors in this prayer ministry and I release them from any liability and do not hold them responsible for any present or future mental, emotional or physical condition.

I understand that LCC is a nonprofit New York organization. Neither LCC nor the prayer team members charge for their services. I agree that I sought this ministry of my own initiative and that I am under no obligation to accept or reject any of the advice or help that I may receive.

I understand that in many cases healing prayer ministry is not the only thing required to attain the complete healing and freedom that God desires. It may be advisable for me to receive ongoing assistance from a Christian counselor. It is always necessary for me to pursue other spiritual disciplines such as church attendance, prayer, bible study, small group attendance, worship, etc.

I understand it is not the purpose of the Ministry Team to fulfill the role of mental health professionals or physicians, and if I am feeling homicidal, suicidal or dangerous to myself or others, I accept that the Ministry Team recommends that I seek professional help.

I understand that the healing prayer team of LCC is committed to confidentiality. However, there may be times when information is shared in group supervision where cases are discussed and recommendations made by the director of this ministry, other prayer team leaders or staff if deemed necessary. Additionally, I understand that, as required by law, the team will report:

* Any intent of a person to take harmful or criminal action against another person or against him/herself
* Any act of child or elder abuse or neglect

I release LCC, their elders, staff, and lay ministers from all personal and corporate liability or responsibility for any present or future claims from myself, my heirs, or assigns.

AGREED—By Person requesting ministry:

Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or check box as indication of agreement if submitting form electronically

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Prayer team member (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prayer team member (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_