



CONSENT FORM FOR BIBLICAL COUNSELING AND PRAYER MINISTRY

I, _____, understand that this ministry is based on religious beliefs and is not recognized by the secular field of psychology as a method for the diagnosis or resolution of psychological problems. I also understand that the prayer session will be conducted by Mary Lockshin or other prayer ministers who have been or are being trained by this prayer ministry.

I recognize that this step of faith has been helpful for many, but that no conclusions are guaranteed. I understand that I might experience heightened emotions and memories that were previously unknown or unresolved, that neither I nor anyone else knew about in advance. I also understand that various tools of ministry may be used which may involve inner healing, trauma resolution and spiritual deliverance and I will not hold any of the participants responsible for my memories or behaviors. I also recognize that I will have a part to play in maintaining my spiritual breakthroughs through my own spiritual disciplines (personal prayer, reading and study of Scripture, etc.).

I give my consent for this prayer session and am in no way being forced, pressured, or coerced to submit to this form of ministry from any person or entity. I also have the right to terminate the session at any time without penalty. I understand that the prayer minister or ministry team reserves the right to terminate the session at their discretion.

My signature is an acknowledgment that I have been informed of my rights and have had the opportunity to obtain whatever information or professional advice I deemed necessary or appropriate prior to undergoing prayer ministry.

Date: _____

Client's Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Referred by: _____



PRAYER MINISTRY QUESTIONNAIRE

NAME: _____ AGE: _____

WHERE WERE YOU BORN? _____

WIDOWED: _____ SINGLE: _____ MARRIED: _____ DIVORCED: _____ IF SO, HOW MANY? _____

SPOUSE'S NAME (IF APPLICABLE): _____

NUMBER OF CHILDREN: _____

WITH WHOM ARE YOU NOW LIVING? _____

OCCUPATION: _____

EMERGENCY CONTACT: _____

PHONE NO#: _____ RELATIONSHIP TO CLIENT: _____

STATUS OF PARENTS: LIVING DECEASED DIVORCED

STEP-PARENT (s): YES NO

PARENT'S RELIGIOUS BACKGROUND: FATHER: _____ MOTHER: _____

NUMBER OF CHILDREN IN CHILDHOOD FAMILY: _____

YOUR BIRTH ORDER: _____ WERE YOU ADOPTED: YES NO

WERE YOU OR ANYONE IN FAMILY CONCEIVED BEFORE MARRIAGE: YES NO

RELATIONSHIPS TO SIBLINGS: GOOD BAD DISTANT

RELATIONSHIPS TO PARENTS IN CHILDHOOD:

FATHER: GOOD BAD PRESENT ABSENT

MOTHER: GOOD BAD PRESENT ABSENT

HAS THERE BEEN ANY SIGNIFICANT CHANGE IN ANY OF THESE RELATIONSHIPS?



DO ANY OF THE FOLLOWING APPLY TO YOUR CHILDHOOD?

- NIGHT TERRORS BED WETTING SLEEPWALKING INCEST
- NAIL BITING UNHAPPY CHILDHOOD STUTTERING OF SPEECH
- EXCESSIVE FEAR PROBLEMS LEARNING SEXUAL ENCOUNTERS
- LONELINESS MOLESTATION BROKEN HOME
- REMOVED FROM HOME ORPHANED ABANDONED TO OTHER FAMILY MEMBERS

DURING THE FIRST 18 YEARS OF YOUR LIFE, HOW WOULD YOU DESCRIBE THE ATMOSPHERE IN WHICH YOU

WERE RAISED: GOOD MORAL DIFFICULT BAD_OTHER

(IF OTHER, PLEASE EXPLAIN HERE IN A BRIEF STATEMENT☺)

IS THERE ANY KNOWN FREEMASONRY OR WORSHIP OF OTHER GODS? YES NO

HAVE YOU RECEIVED ANY MINISTRY IN THIS AREA? YES NO

TO YOUR KNOWLEDGE, HAS THERE BEEN ANY INVOLVEMENT IN ANY OCCULTIC, CUTLIC OR NON-CHRISTIAN RELIGIOUS PRACTICES BY YOUR PARENTS, GRANDPARENTS,

GREAT- GRANDPARENTS OR ANY OTHER FAMILY MEMBERS: YES NO

(IF SO PLEASE EXPLAIN)

ARE YOU PRESENTLY INVOLVED WITH A CHURCH OR MINISTRY? YES NO

NAME OF CHURCH OR ORGANIZATION: _____

IS THERE ANY PAST CHURCH OR RELIGIOUS INVOLVEMENT THAT YOU WOULD LIKE US TO KNOW ABOUT.



DO YOU STRUGGLE WITH OR HAVE DIFFICULTY CONTROLLING ANY OF THE FOLLOWING?

(PAST OR PRESENT)

- DAYDREAMING LUSTFUL THOUGHTS WORRY DOUBTS FANTASY
- OBSESSIVE THOUGHTS ANXIETY INSECURITY DEPRESSION
- COMPULSIVE THOUGHTS ANGER DIZZINESS HEADACHES
- FRUSTRATION HATRED BITTERNESS LONELINESS
- FEAR OF THE DARK JEALOUSY PORNOGRAPHY WORTHLESSNESS
- BLASPHEMOUS THOUGHTS FEAR OF COMMITTING SUICIDE
- FEAR OF HURTING LOVED ONES FEAR OF DEATH NIGHT TERROR
- SLEEPWALKING ENCOUNTERS WITH SHADOWS IN THE NIGHT FREQUENT NIGHTMARES

MEDICAL HISTORY

ARE YOU CURRENTLY UNDER DOCTOR'S CARE: YES NO

PSYCHIATRIST: YES NO

THERAPIST OR COUNSELOR: YES NO

ANY CURRENT DRUG THERAPY: YES NO

EVER HOSPITALIZED FOR EMOTIONAL PROBLEMS: YES NO

IF SO, WHEN AND FOR HOW LONG: _____

ANY STREET DRUG USAGE: _____ **IF SO, WHEN AND FOR HOW LONG?** _____

ANY ALCOHOLISM: YES NO

IF SO, WHEN AND FOR HOW LONG? _____

ANY MAJOR SURGERY: YES NO HOW MANY? _____

REASONS: _____

HAVE THERE BEEN ANY ABORTIONS? YES NO

IF SO, HOW MANY? _____

HAVE THERE BEEN ANY MISCARRIAGES? YES NO **IF SO, HOW MANY?** _____



SPIRITUAL HISTORY

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH GOD? _____

DO YOU HAVE REGULAR DEVOTIONAL TIME IN THE BIBLE? YES NO

DO YOU FIND PRAYER DIFFICULT? _____

WHAT TYPE OF MUSIC DO YOU MOST ENJOY? _____

HOW MANY HOURS OF TV OR VIDEO STREAMING/SOCIAL MEDIA DO YOU ENGAGE IN PER WEEK?

(IF THERE ARE ANY DREAMS, THOUGHTS, MEMORIES OR VISIONS THAT COME TO MIND PRIOR TO YOUR SESSION, PLEASE WRITE THEM DOWN ON THE LAST PAGE OF THIS QUESTIONNAIRE) THANK YOU

I understand that this questionnaire will be seen only by the Prayer Ministers and the Ministry Team.

(Typing/Writing your name in the signature below is your acknowledgement that you have read and understand the terms of ministry.)

SIGNATURE: _____ DATE: _____

Esther Company Ministry



Mary Lockshin ♦ (973) 632-4124

INFORMATION PAGE

Briefly share the reason for requesting ministry with Esther Company Ministry: