



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: _____

INFORMATION PAGE



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