

Fervent Prayer Information Packet

Welcome to "The Fervent Prayer Ministry". This ministry is centered on seeking our Lord Jesus Christ to set the captives free and heal the broken hearted. There is much that God has shown us in His Word, teaching that this is His heart (Mark 16:17, 18; Isaiah 61:1-3).

Jesus Christ gave His life on Calvary for our redemption and freedom! However, our ability to walk in the freedom He intended, and have peace and joy in our hearts, depends on our willingness to surrender every area of our life to Him (including wounds from the past). True Freedom is the ability to bring every area of our life under the direction and control of Jesus Christ. The purpose of this questionnaire is to help you identify surrendered areas of your life that are keeping you from walking in the freedom that God has intended for you.

Satan is the common enemy of God and His children, and Christians are not exempt from his wicked schemes. Satan and his demons oppose a Christians' freedom to walk in God's will for their lives. Satan will not easily give up any strongholds or areas of oppression that he claims in your life. However, Joel 2:32 promises that Christ is our Deliverer, "And it shall come to pass, that whosoever shall call on the name of the Lord shall be delivered". Throughout your counseling time, you must depend on Christ as your Deliverer and recognize that He is the only One who can help you.

Having freedom from bondage will depend on you participating with your whole heart. You will need to submit your will and your rights to the Lordship of Jesus Christ.

Since forgiveness of those who have sinned against us is one of the greatest weapons in bringing about liberation, we ask that you be willing to let the Lord enable you to forgive those who have wronged you. The purpose of forgiveness is to remove Satan's right to justly accuse and oppress you in these areas.

Please pray while filling out this form, asking the Holy Spirit to guide you and bring key things to your mind. He is your Helper, "The Wonderful Counselor," and will help you expose the darkness with His truth. Please add any pertinent information concerning your background and problems that you think might be helpful. Please pray to God for wisdom to bring about your freedom from bondage. If you have any questions, please contact Kathy Massey at 561-685-7243 or e-mail her at kathy@ferventprayerministry.com

*Donations are most appreciated, and your taxable donation helps with a multitude of needs to help this ministry have all the necessary tools needed to set the captives free. Travel is needed many times to educate and teach this ministry to others to expand the ever growing need to help the hurt and those in bondage. These donations will help the ministry purchase necessary supplies, travel and teach other churches with the Word of God and Jesus Christ to "set the captives free", (Luke 4:18). Your tax-deductible gift is greatly appreciated and will be used for expenses within this ministry. Please make your checks payable to: **Fervent Prayer Ministry** or you may Zelle your donation to kathy@ferventprayerministry.com. Thank you so much!*

I have read the above and I understand that this is my freewill choice to participate in the "Fervent Prayer Ministry". I fully understand that those involved in this ministry are not professional counselors, but sisters and brothers in Christ who are committed to praying and seeking the Lord for my healing.

Print Name

Sign Name

Date

Contact Number

Email

CONFIDENTIAL PERSONAL INVENTORY

PERSONAL INFORMATION

(Please print your full name as shown on your birth certificate, and if you are a married or divorced woman, add married name.)

Date of birth: _____ Place of birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____ Other: _____

Referred by: _____

Church Affiliation: Present: _____ Past: _____

Vocation: _____

Education: Elementary through High School (highest grade completed): _____

College: _____ Degree: _____

Other education/job training: _____

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Spouse's Name: _____

Please give Spouse's full name; if spouse is the wife, please include her maiden name

Date of Marriage: _____ If you are divorced, state number of times divorced: _____

Please list full name(s) of ex-spouses (please include maiden name(s) if wife (wives).

Children: Full names and birth dates (please indicate if adopted).

Miscarriages: please explain.

FAMILY TREE

Are you adopted? _____ If so, please fill out the following based on your biological parents if possible.

Siblings:

First sibling's full name and birth date

Second sibling's full name and birth date

Third sibling's full name and birth date

Fourth sibling's full name and birth date

Parents:

Father's full name

Mother's full name

Below, please list any persons in your family who have/had any negative character traits, or harmful, sinful lifestyle patterns (i.e., independence from or indifference toward God; idolatry, witchcraft, Satanism, immorality, sexual sins, perversions, greed, anger, jealousy, drunkenness, addictions, abusive speech, gossip, bitterness, unforgiveness, etc.). Such information might be helpful in pointing out possible strongholds that may have been passed down your family line because of iniquity.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

INFORMATION ON FAMILY MEMBERS

1. Is your father alive? ☐ Yes ☐ No
2. Is your mother alive? ☐ Yes ☐ No
3. Are your parents presently ☐ married or ☐ divorced?
Briefly explain the attitude of their relationship:

4. During the first 12 years of your life, was there a sense of ☐ security and harmony or ☐ insecurity and disharmony in your home?
Please explain:

5. Were there any particular problems with your father? ☐ Yes ☐ No With your mother? ☐ Yes ☐ No
With your brother(s) or sister(s)? ☐ Yes ☐ No
Please explain:

6. Briefly describe your relationship with your father:

7. Briefly describe your relationship with your mother:

8. Briefly explain whether or not your parents are Christians and, if so, whether or not their lifestyles reflect Christ-like behaviors:

FAMILY AND PERSONAL HEALTH

1. Are there any addictive problems in your family (alcohol, drugs, etc.)? ☐ Yes ☐ No

Please explain:

2. Do you have any addictions or cravings that you find difficult to control (tobacco, drugs, alcohol, sweets, food in general, etc.)? ☐ Yes ☐ No

Please explain:

3. Are you presently taking any kind of medication for physical and/or psychological reasons? ☐ Yes ☐ No

Please list each medication and explain its purpose:

4. Do you have any problem sleeping? ☐ Yes ☐ No

Are you having nightmares or disturbances? ☐ Yes ☐ No

If so, please explain:

RELATIONSHIP WITH SPOUSE

1. Please share how you get along with your spouse:

2. Is your spouse a Christian? ☐ Yes ☐ No

EMOTIONS

- Do you have trouble giving and receiving love? ☐ Yes ☐ No
- State below, under "Earliest Age" the earliest age you remember experiencing difficulty in controlling any of the following emotions and check under "Present" if you still struggle with controlling those emotions:

| | Earliest Age | Present | | Earliest Age | Present |
|---------------------|-----------------|---------|----------------------------|-----------------|---------|
| Frustration | _____ | _____ | Bitterness | _____ | _____ |
| Anger | _____ | _____ | Depression | _____ | _____ |
| Anxiety | _____ | _____ | Fear of losing your mind | _____ | _____ |
| Loneliness | _____ | _____ | Fear of committing suicide | _____ | _____ |
| Worthlessness | _____ | _____ | Fear of hurting loved ones | _____ | _____ |
| Hatred (for self) | _____ | _____ | Fear of death | _____ | _____ |
| Hatred (for others) | _____ | _____ | Fear of _____ | _____ | _____ |

- Name the above emotions that you feel are overshadowing your life:

- Concerning your emotions, whether positive or negative, check those that best describe you:
☐ Readily express my emotions ☐ Express some of my emotions, but not all ☐ Suppress my emotions

- What do you think that other people think of you?

- What do you think about yourself?

- What do you think God thinks of you?

- How important is it that you are emotionally honest before God? _____

Please explain:

MENTAL HEALTH

1. Have you ever been diagnosed with any emotional and/or behavioral disorders? ☐ Yes ☐ No

Please list the clinical terms and your age when each was diagnosed:

2. Have you ever had psychiatric counseling: ☐ Yes ☐ No

Were you hospitalized? ☐ Yes ☐ No How long? _____

3. Have you ever entertained thoughts of suicide? ☐ Yes ☐ No

Please list ages and explain:

4. Have you ever attempted suicide? ☐ Yes ☐ No

Please list ages and explain:

By what method:

5. Within the following ages, how many actual memories do you have?

(Not memories based on pictures someone has shown you or what someone has told you of the past.)

Age 0 to 5:

Age 6 to 12:

6. Do you suffer from lapses of memory or time? ☐ Yes ☐ No

Please give an example:

7. Do you spend time wishing you were someone else or fantasizing that you are a different person? ☐ Yes ☐ No

Do you imagine yourself living in a different time, place, or circumstance? ☐ Yes ☐ No

Please explain:

8. Please state the earliest age you struggled with any of these subjects, and check (✓) under "Present" if you still struggle with any of them:

| | Earliest Age | Present | | Earliest Age | Present |
|----------------------|--------------|---------|-------------------------|--------------|---------|
| Apathy | _____ | _____ | Insecurity | _____ | _____ |
| Blasphemous thoughts | _____ | _____ | Lustful thoughts | _____ | _____ |
| Compulsive thoughts | _____ | _____ | Obsessive thoughts | _____ | _____ |
| Dizziness | _____ | _____ | Skepticism | _____ | _____ |
| Fantasizing | _____ | _____ | Thoughts of inferiority | _____ | _____ |
| Hardness in emotions | _____ | _____ | Worry | _____ | _____ |
| Headaches | _____ | _____ | Other _____ | _____ | _____ |

9. Please state the earliest age you remember strong, prolonged fear toward any of the following, and check (✓) under "Present," if you still do:

| | Earliest Age | Present | | Earliest Age | Present |
|-------------|--------------|---------|----------------|--------------|---------|
| Being alone | _____ | _____ | Snakes/Insects | _____ | _____ |
| Crowds | _____ | _____ | The dark | _____ | _____ |
| Death | _____ | _____ | The future | _____ | _____ |
| Failure | _____ | _____ | Other _____ | _____ | _____ |

10. Please state the earliest age you remember having a strong influence concerning any of the following, and check (✓) under "Present," if you still do:

| | Earliest Age | Present | | Earliest Age | Present |
|---------------|--------------|---------|------------------|--------------|---------|
| Anti-Semitism | _____ | _____ | Racial prejudice | _____ | _____ |
| Grudge-holder | _____ | _____ | Rebellion | _____ | _____ |
| Impatience | _____ | _____ | Religious Pride | _____ | _____ |
| Intimidator | _____ | _____ | Self-centered | _____ | _____ |
| Irritability | _____ | _____ | Stubbornness | _____ | _____ |
| Legalism | _____ | _____ | Temper | _____ | _____ |
| Manipulation | _____ | _____ | Vengeance | _____ | _____ |
| Moodiness | _____ | _____ | Violence | _____ | _____ |

11. Do you struggle with modern idolatry (i.e., materialism, being a work-aholic, sports addict, addiction to any consuming lifestyle or interest that deters you from God's will)? ☐ Yes ☐ No

Please explain: _____

12. Check if you currently act out the following, verbally or mentally:

☐ Swearing ☐ Blasphemies ☐ Obscenities

13. Do you readily engage in lying? ☐ Yes ☐ No

What are you more readily prone to lie about?

14. Are there people in your life that you cannot stand to be around, or perhaps when you're around a certain person, you feel a relational wall of tension between the two of you. ☐ Yes ☐ No List any person(s) with whom you experience the following emotions and explain why you feel the way you do about them:

Unforgiveness:

Resentment:

Bitterness:

Hatred:

15. Have you ever wished someone would die? ☐ Yes ☐ No

Have you ever entertained thoughts of how to go about murdering someone? ☐ Yes ☐ No

If you answer any of the above with "yes", please explain:

SPIRITUAL HISTORY

1. Suppose you die tonight and appear before God in heaven, and He asks, "By what right should I allow you into My presence, to live in heaven for eternity?" How would you answer Him?

2. When did you receive Christ as your Savior? (John 1:12)

3. Do you have doubts about your salvation?

4. Is repentance part of your Christian life? ☐ Yes ☐ No

5. Do you struggle and experience doubt and unbelief in attempting to live the Christian life daily? ☐ Yes ☐ No
If so, in what areas of your life?

6. Are you presently enjoying fellowship with other believers ☐ Yes ☐ No, and if so, where and when?

7. Are you under the authority of a local church where the Bible is taught? ☐ Yes ☐ No

Do you regularly support the church with you time, talents, and tithes? ☐ Yes ☐ No

If not, why not?

8. Do you regularly read the Bible? ☐ Yes ☐ No

To what extent?

9. Do you find prayer time with God difficult mentally? ☐ Yes ☐ No

Please explain:

10. Have you had any spiritual experiences that you would consider as out of the ordinary? ☐ Yes ☐ No

Please explain:

RELIGIOUS CULT HISTORY

1. Are/were your parents and/or grandparents superstitious? ☐ Yes ☐ No Were you in the past? ☐ Yes ☐ No
Are you now superstitious? ☐ Yes ☐ No

2. Have you ever worn or owned "lucky" charms, fetishes, amulets, or signs of the zodiac? ☐ Yes ☐ No
Do you still have any of those in your possession? ☐ Yes ☐ No Please name them:

3. Do you own or have any symbols of idols or items used in spirit worship? ☐ Yes ☐ No

Please check any of the following that you own?

☐ Buddhas

☐ Totem poles

☐ Masks

☐ Carvings

☐ Fetish objects or feathers

☐ Pagan symbols

☐ Native art

☐ Dream catchers

☐ Statues of people (dead/alive) that you believe hold any special powers? Please explain your thoughts:

4. Are you willing to rid your home of any object that is displeasing to the Lord (Deut. 7:26)? ☐ Yes ☐ No
Please explain why?

5. To your knowledge, have you or any of your relatives (parents, grandparents, great-grandparents, etc.), ever been involved in any of the **occult, cultic, or non-Christian "religious" experiences** below?

S= Self

F= Family Member

S/F = Self and Family Member

____ Amateur hypnosis

____ Islam

____ Silva Mind Control

____ Astral projection

____ Jehovah's Witness

____ Speaking in a trance

____ Astrology

____ Magic charming

____ Table lifting

____ Automatic writing

____ Materialization

____ Tarot cards

____ Black/White magic

____ Mental suggestion (attempts to swap minds)

____ Telepathy

____ Blood pacts

____ Mormonism

____ Transcendental Meditation

____ Christian Science

____ New Age

____ Unification Church

____ Clairvoyance

____ New Age medicines

____ Unitarianism

____ Curandero

____ Ouija board

____ Unity

____ Demolay

____ Palm-reading

____ Visionary dreams

____ Eastern Star

____ Rainbow Girl

____ Yoga

____ Freemason

____ Rod and pendulum (dowsing)

____ Zen Buddhism

____ Fortune-telling

____ Santeria

Other _____

____ Ghosts

____ Scientology

____ Incubi/Succubi (sexual spirits)

____ Shriner

6. If so, to what degree were you/they involved, and to what level did you /they climb in the organizations?
-
-
-
7. Have you ever been hypnotized, attended a “New Age” seminar, or participated in a séance? ☐ Yes ☐ No
Please explain:
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-
-
8. Have you been involved in martial arts? ☐ Yes ☐ No Which ones and to what level have you advanced?
-
-
-
9. Are you currently involved in martial arts? ☐ Yes ☐ No
10. Have you ever learned about or used any form of mind communication or mind control? ☐ Yes ☐ No
Please explain:
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-
11. Have you ever taken a class or read books on parapsychology or witchcraft? ☐ Yes ☐ No
Please explain:
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-
-
12. Do you have, or have you ever had, an imaginary friend or spirit guide offering you guidance or companionship? ☐ Yes ☐ No
Please explain:
-
-
-
13. Have you ever experienced what you would term as premonitions? ☐ Yes ☐ No
Déjà vu? ☐ Yes ☐ No Psychic sight? ☐ Yes ☐ No
Please explain:
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-
-
14. Have you ever been involved in any form of religious pagan ceremony? (i.e. Voodoo) ☐ Yes ☐ No
Please explain:
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-
-

15. Do you have any tattoos? ☐ Yes ☐ No Please describe, tell their meanings, and/or why you were tattooed:
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-
-
16. To your knowledge, has any curse been placed on you or members of your family? ☐ Yes ☐ No
Please share who made it and why:
-
-
-
17. Have you ever heard voices or emotional messages in your mind, had repeating and nagging thoughts that were foreign to what you believe, or felt like there was a dialogue going on in your head? ☐ Yes ☐ No
Please explain:
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-
-
18. Have you played demonic games such as Dungeons and Dragons? ☐ Yes ☐ No
Have you visited any demonic internet sites? ☐ Yes ☐ No
Have you watched any demonic films? ☐ Yes ☐ No
Please explain:
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-
-
19. Have you been involved in satanic rituals of any form? ☐ Yes ☐ No
Please explain:
-
-
-
20. Do you still participate in any of the above demonic activities now? ☐ Yes ☐ No
Are there other activities you are involved in that you would consider evil or demonic? ☐ Yes ☐ No
Please explain:
-
-
-
21. Have you ever made a pact with the devil? ☐ Yes ☐ No Was it a blood pact? ☐ Yes ☐ No
If either of your answers is "yes", please explain:
-
-
-

PHYSICAL, EMOTIONAL, SEXUAL

1. Have you ever been emotionally and physically battered (excluding sexual abuse)? ☐ Yes ☐ No

Please explain:

2. Have you ever been sexually molested or raped? ☐ Yes ☐ No What age(s): _____

Please explain:

3. Have you ever been a victim of incest? ☐ Yes ☐ No

4. Are you or have you ever cut or hurt yourself? ☐ Yes ☐ No

Please list ages and explain:

5. Do you currently have or have you ever had an eating disorder? ☐ Yes ☐ No

Please list ages and explain:

6. Have you ever committed fornication (a sexual act by an unmarried person)? ☐ Yes ☐ No

If so, about how many partners? _____ Are you currently having an affair with someone? ☐ Yes ☐ No

7. If married, have you ever committed adultery (sexual act by a married person, with someone other than their spouse)? ☐ Yes ☐ No Are you currently having an affair? ☐ Yes ☐ No

If so, are you willing to break it off? ☐ Yes ☐ No If not, why?

8. Have you ever been personally involved with a person who has had an abortion? ☐ Yes ☐ No

Please explain:

9. If a woman, have you ever had an abortion? ☐ Yes ☐ No

Please tell how many abortions you have had and how old you were when the abortion(s) took place:

10. Have you ever had a baby or fathered a baby and adopted the baby out? ☐ Yes ☐ No
- 10a. Was the baby conceived out of wed-lock? ☐ Yes ☐ No
11. Have you ever had a desire to have sex with a child? ☐ Yes ☐ No How old where you? _____
12. Have you ever committed incest? ☐ Yes ☐ No
13. Have you ever been involved in pornography? ☐ Yes ☐ No What is the earliest age you pursued it? _____
How were you introduced to pornography, please explain:

14. Are you currently active in pornography? ☐ Yes ☐ No If so, do you desire to be free from it? ☐ Yes ☐ No
15. Have you practiced masturbation in the past? ☐ Yes ☐ No Recently? ☐ Yes ☐ No
16. Have you ever had homosexual or lesbian thoughts and desires? ☐ Yes ☐ No
What is the earliest age you recall being attracted to a person who was the same sex as yourself? _____
Do you currently entertain those thoughts? ☐ Yes ☐ No
Have you been a cross-dresser in the past? ☐ Yes ☐ No Recently? ☐ Yes ☐ No
17. Have you ever actually had a homosexual or lesbian experience? ☐ Yes ☐ No Did you become sexually involved in a steady relationship? ☐ Yes ☐ No Are you still in that relationship? ☐ Yes ☐ No
Do you desire to be free from the relationship and homosexuality? ☐ Yes ☐ No

PERSONAL TIME

1. Approximately how many hours of TV do you watch per week? _____ List five of your favorite TV programs that you enjoy viewing:

2. Approximately how many hours do you spend on the computer other than strictly mandatory work? _____
In what way do you use this time?

3. Approximately how many hours do you spend each week reading? _____
What do you read primarily (newspapers, magazines, secular books, religious book, the Bible, etc.)?

4. Do you listen to music often? ☐ Yes ☐ No What types of music do you enjoy the most?

[illegible]

