



CONFIDENTIAL PERSONAL INVENTORY

Date: _____

I. PERSONAL INFORMATION

Name _____ Age _____

Telephone (____) _____ E-mail (optional) _____

Preferred method to contact you and best time of day _____

Address _____ City/State _____ ZIP _____

Present Church Affiliation _____ Pastor _____

Previous Church (if different in past year) _____

Current Vocation _____

Previous Vocation (if different in past year) _____

Specifically, what are the issues/problems you most want help with? _____

How strongly do you want help with your problem? (check one)

- Very Strongly Strongly Moderately Not my choice to do this

Who (if anyone) referred you? _____

Check if you have read Victory Over the Darkness The Bondage Breaker

If under 18, please list name of parent or guardian _____

MARITAL STATUS

Marital Status- Single Married Divorced Separated Widow/Widower

Describe your present marriage (if married) _____

Describe any previous marriage(s) _____

Number and ages of children _____

II. FAMILY HISTORY

A) RELIGIOUS BACKGROUND

Have any of your (or your spouse's, if married) parents, grandparents, or other relatives, to your knowledge, ever been involved in any occult, cultic, or non-Christian practice? Yes No if yes, please explain.

Briefly describe your parents' Christian experience (i.e. if they were believers, did they profess and live their Christianity). _____

Would you describe the moral climate (rules) you grew up with as Liberal Normal Excessive
Please describe any extremes. _____

B) FAMILY DYNAMICS

What are your parents present marital status? Divorced Married Separated

Which parent seemed to be the obvious head of your home? _____

How did your parents relate to each other and to their children? _____

To your knowledge, did either of your parents or grandparents ever have an adulterous affair? Yes No
If yes, please explain _____

Are you aware of any incestuous relationships in the family Yes No If yes, please explain.

Are you adopted or part of a blended family? Yes No

Did foster parents or legal guardians raise you? Yes No

What was the emotional environment of your home like (i.e. hostility, tension, love, warmth...) _____

C) SIBLING DATA

Please identify the names, sex and ages of all siblings and place yourself in birth order. Begin with the oldest in the family. How would you define the relationship: Good, OK, Poor (circle one)

Male Female _____ Age__ Good OK Poor Male Female _____ Age__ Good OK Poor
 Male Female _____ Age__ Good OK Poor Male Female _____ Age__ Good OK Poor
 Male Female _____ Age__ Good OK Poor Male Female _____ Age__ Good OK Poor

Please describe the interpersonal relationships in your home while you were growing up. _____

Are there any unresolved issues that are causing bitterness or resentment between you and any of your siblings and/or parents? If so, please describe. _____

D) FAMILY HEALTH

Are there any addictive problems in your family history (alcohol, drugs, food, gambling, pornography, etc.)? Please describe. _____

Is there any history of mental illness? Please describe. _____

Is there any history of disease or chronic illness? Please describe. _____

Have you or anyone in your family ever attempted (or committed) suicide? Please briefly describe the relationship and circumstances. _____

III. PERSONAL HEALTH

A) PHYSICAL

How would you describe your personal health? Excellent Good Poor If poor, please explain.

When was your last complete physical? _____

Do you have any addictions or cravings that cause you to find it difficult to control sweets, drugs, alcohol, food in general, etc.? If so, please explain _____

List any prescription medications taken in the past two years for either physical or psychological reasons, and indicate which, if any, you are currently taking.

Do you struggle with any addictions or compulsive behavior patterns? If so, please explain.

Do you schedule regular periods of rest and relaxation for yourself? Yes No if no, please explain.

Please check any of the following health problems you may have:

Anemia Diabetes Low blood sugar Thyroid problems Other (please explain)

B) MENTAL

Please indicate any of the following thoughts which you have had or are presently struggling with

Blasphemous Daydreaming/Fantasy Lustful Inferiority/Inadequacy
 Obsessive/ Sexual fantasy Worry _____
Compulsiveness _____

How many hours of TV do you watch per week, and what are your favorite? _____ hrs. _____

How many hours do you spend listening to music, and what kind of music? _____ hrs. _____

Have you ever thought that maybe you were "cracking up", and/or do you presently fear that possibility?

Yes No If yes to either, please explain. _____

C) EMOTIONAL

Please indicate which of the following emotions you have had or are presently having difficulty controlling.

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Frustration | <input type="checkbox"/> Anger | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Worthlessness | <input type="checkbox"/> Depression | <input type="checkbox"/> Hatred | <input type="checkbox"/> Bitterness |
| <input type="checkbox"/> Fear of losing your mind | <input type="checkbox"/> Fear of committing suicide | <input type="checkbox"/> Fear of hurting loved ones | |
| <input type="checkbox"/> Fear of abandonment | <input type="checkbox"/> Fear of _____ | <input type="checkbox"/> Fear of _____ | |

Have you ever experienced any type of trauma (i.e. physical, emotional, or sexual abuse, involvement in a severe accident, death of a family member, etc.)? Yes No If yes, please explain.

Is there someone in your life with whom you are able to be totally emotionally honest? If so, who and what is their relationship to you? _____

Do you feel you are totally emotionally honest before God? Yes No If not, please explain why you feel that way.

D) SEXUAL

Is there or has there been any physical, emotional or sexual abuse in your family? Yes No If yes give relationship of the abuse and abuser and explain what abuse took place. _____

Did you ever experience any anxieties, guilt feelings, or trauma arising out of a sexual experience with the opposite sex? Yes No If yes, please explain. _____

Did you ever experience any anxieties guilt feelings, or trauma arising out of a sexual experience with the same sex? Yes No If yes, please explain. _____

Do you have questions or concerns regarding your sexual identity? Yes No If yes, please explain.

Are you or have you ever engaged in any extra-marital or pre-marital sexual relationship? Yes No if yes, please explain. _____

IV. SPIRITUAL HISTORY

Please write a brief description of how you became a Christian. _____

If you were to die tonight, do you know where you would spend eternity? Yes No

Suppose you did die tonight and appeared before God in heaven and He were to ask you, "By what right should I allow you into my presence?" How would you answer him? _____

Do you have frequent doubts concerning your salvation? Yes No

How would you rate yourself on a scale of intimacy with God? Please indicate one.

1 2 3 4 5 6 7 8 9 10

Distant

Very Close

Do you have regular devotions? Yes No

Do you find prayer difficult mentally? Yes No

When attending church or other Christian activities, are you plagued with foul thoughts, jealousies, and/or other mental harassment? Yes No If yes, please explain. _____

Are you presently enjoying fellowship with other believers? Yes No

Are you under authority of a local church where the Bible is preached? Yes No

Do you regularly support it with your time, talent, and treasure? Yes No

How often do you attend church? Weekly Monthly Few times a year Never

Please include any other input about your spiritual life and growth that you think may be important:

V. NON-CHRISTIAN SPIRITUAL EXPERIENCE INVENTORY

A) A DIVINATION OR OCCULT

A divination applies to any activity in which special knowledge or power was sought through psychic or supernatural means other than God. Occult involves the use of spells, charms or curses to obtain special powers or to control people, events or things. Some examples are below. Check any that you or a close family member may have ever had been involved in, even if it was seeming innocent or just observing (if only other family members, indicate with an "F") Write in any others that you may have been involved in but are not listed.

- | | |
|--|---|
| <input type="checkbox"/> Astral projection (out-of-body experiences) | <input type="checkbox"/> Magic (black or white) |
| <input type="checkbox"/> Bloody Mary | <input type="checkbox"/> Materialization (making things appear/disappear) |
| <input type="checkbox"/> Blood pacts | <input type="checkbox"/> Mental suggestion |
| <input type="checkbox"/> Body or table lifting (i.e. "light as feather") | <input type="checkbox"/> Ouija board |
| <input type="checkbox"/> Charms | <input type="checkbox"/> Palm or psychic readings |
| <input type="checkbox"/> Crystal use | <input type="checkbox"/> Séances |
| <input type="checkbox"/> Fantasy games (like D&D) | <input type="checkbox"/> Tarot cards (or other card readings) |
| <input type="checkbox"/> Fortune telling | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Horoscopes | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hypnotism | <input type="checkbox"/> _____ |

B) FALSE TEACHING OR INFLUENCES

Programming of our minds comes from a variety of resources. Check any false religious teachings that you or a close family member have been exposed to or participated in. There are also a number of other negative influences that may not be religious in nature but can influence us at a spiritual level. Check any of the items that have been influences in your life. Where indicated, write in the name of the group or program. Write in any others that you may be aware of but are not listed.

- | | |
|--|---|
| <input type="checkbox"/> Alternative medical treatments (involving Crystals, Psychic powers, etc.) _____ | <input type="checkbox"/> Music that is blasphemous or anti-Christian |
| _____ | <input type="checkbox"/> New Age teachings _____ |
| <input type="checkbox"/> Books or movies about the paranormal | <input type="checkbox"/> Non-Christian religions(s) (i.e. Buddhism, Hinduism) |
| <input type="checkbox"/> Cults or sects | _____ |
| <input type="checkbox"/> Eastern mysticism | _____ |
| _____ | <input type="checkbox"/> Wicca |
| _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> horror or slasher films | <input type="checkbox"/> _____ |
| <input type="checkbox"/> lodges/secret organizations (i.e. Masonic Order) | <input type="checkbox"/> _____ |

C) SATANIC/RITUALISTIC INFLUENCE

Involvement in satanic ritual, even at the "dabbling" level is serious. Even if you were forced into it against your will, check any type of involvement you may have had or write in any other involvement that is not listed.

- | | |
|--|--|
| <input type="checkbox"/> Blood letting/offerings | <input type="checkbox"/> ritualistic sacrifice |
| <input type="checkbox"/> Calling forth demonic spirits | <input type="checkbox"/> satanic ceremonies |
| <input type="checkbox"/> Church of Satan | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Curses/spells | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Power circles | <input type="checkbox"/> _____ |