

PLEASE USE INK TO COMPLETE

Name _____ Sex _____ Age _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

May we leave a message? Yes No Email address _____

Do you regularly attend NHC? No Yes — How Long? _____

Current Church Name (if not NHC): _____ City: _____

Referred to this ministry by: _____

What type of prayer appointment are you requesting?

- Steps to Freedom in Christ Transforming Prayer Prayer Resolution Not sure

Have you had a Freedom or Transforming Prayer appointment before?

- No Yes Pending When? _____

Name of Facilitator: _____ If not at NHC, where? _____

My Understanding

I understand that my participation in completing this Confidential Personal History and in the appointment is totally voluntary on my part. I understand that the person who will lead me through the appointment is not necessarily a professional counselor or therapist, but a fellow Christian who is making himself/herself available to pray with me and guide me through the session. Therefore, I voluntarily ask for this appointment and assume responsibility for my responses as a result of this prayer ministry.

I also understand that this prayer appointment is not a substitute for a physician, psychologist or any other mental health professional. If you have a known mental health concern, we strongly encourage you to consult your physician for assistance.

Signed _____ **Date** _____

- Please check this box if you would like a medical referral or additional information about mental illness.

— OFFICE USE ONLY —

Initial Contact Date _____ Date CPH Sent _____ Date CPH Returned _____

Facilitator Assigned _____ Prayer Partner Assigned _____

Date(s) of Appt(s) _____

Personal History

For all of the following questions, please answer the ones that are relevant to your situation. Leave blank anything that does not apply. You only have to share as much as you feel comfortable sharing. In general, the more you tell us, the better we'll be able to help you.

1. Why are you requesting a personal prayer appointment?

2. Family History — Identify your parents' position on the following:

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing/modesty					
Sanctity of sex inside marriage					
Dating					
Movies					
Music					
Use of alcohol					
Use of non-prescription drugs					
Use of tobacco					
Church attendance					
Independence					

3. Lifestyle Pursuits

Do you feel there is balance in your life in regard to the amount of time you spend in the following areas:

	Yes	No
Spouse/Dating Partner		
Family		
Friends		
Recreation/hobbies		
Christian activities/church		
Personal time with God		
Work		

4. Spiritual Issues

a) Have you trusted in Jesus Christ as your personal savior? Yes No

b) If so, when did you choose to believe in Jesus? _____

c) How do you know that you have received Christ? _____

d) Are you plagued with doubts concerning your salvation? Yes No

If so, please explain: _____

e) How do you view God? (Examples: Distant, Harsh, Judging, Loving, Near...)

f) Do you usually have a personal Bible reading and prayer time? Yes No

g) Do you find prayer difficult or easy? Please explain: _____

h) Do you find bible reading difficult or easy? Please explain: _____
