

Introductory Questionnaire For Inner Healing Prayer

This questionnaire is designed to build a foundation for Inner Healing Prayer work. By responding to these questions as thoroughly as you can, you will be:

- *Helping me get to know you*
- *Providing a historical background for present concerns*
- *Highlighting your main concerns*

Some questions may not pertain to you - simply draw a line through them. Please answer all questions that are applicable completely. If you need more room, please draw an arrow and continue on the back of the page. If there is a question you do not wish to answer in writing, discuss that with me when we meet.

General Information

Name _____ DOB _____ Age _____

Address _____ City _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Email address _____

Emergency Contact Name _____ Phone _____

How were you referred? _____

Marital Status _____ If Married, Spouse's Name _____ Age _____

Occupation _____ Employer _____

Present Issues

Please state your main concern(s) in your own words: _____

Please indicate how distressing your concern is right now:

| | | | | | | | | | |
|------|---|----------|---|---|------|---|---------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Mild | | Moderate | | | Very | | Extreme | | Totally upsetting |

When did this begin? Give dates if possible: _____

Please describe any events that you believe brought on this issue or that keep it going: _____

How have you tried to resolve this concern? _____

How was that helpful? _____

What obstacles remain? _____

Have you been in therapy before or received any prior professional or support group assistance for your concern? If so, what was helpful at that time? _____

Spiritual History

Your religion as a child _____ As an adult _____

Church affiliation _____ Pastor's Name _____

How would you describe your current spiritual/religious experience? _____

Would you consider your faith a personal strength? Y N

If you have ever experienced spiritual abuse, please describe here: _____

What, if any, is your experience with spiritual warfare? _____

Do you have any particular questions or concerns about your relationship with God? Y N If yes, please describe _____

Do you experience any definable barriers to your relationship with God? Y N If yes, please describe _____

Physical Health

What is your height? _____ Weight? _____ Describe any recent changes: _____

Do you have or have you ever had any of the following?

Illnesses or physical conditions Surgeries Unusual sensations

Unusual physical characteristics Troubling physical symptoms

Please describe anything circled above or if there is anything not listed: _____

Current medications: _____

Prescribed by: _____

Allergies (food, medication, environmental): _____

Name and phone number of your family physician: _____

Date of most recent complete physical examination: _____ Results: _____

How would you describe your overall health? _____

Behavioral

Please circle and describe any of the following behaviors that apply to you:

| | | | |
|------------------------|------------------|---------------------|---------------------|
| overeating | odd behavior | phobic avoidance | aggressive behavior |
| vomiting | nervous tic | insomnia | outbursts of temper |
| loss of control | procrastination | smoking | laziness |
| drinking too much | working too much | drug use | can't keep a job |
| compulsions | risk taker | impulsive reactions | eating problems |
| crying | withdrawal | sleep disturbance | |
| concentration problems | | gambling | |

other _____

Have you been hospitalized for psychological or emotional problems? Y N If so, when and where? _____

Stress

Check any of the following that apply. Please indicate those you consider important, and those occurring over the past six years.

| | | |
|------------------------|-------------------|---------------------|
| Death in the family | Miscarriage | Divorce |
| Trouble with the law | Financial trouble | Job/School problems |
| Serious illness | Serious operation | Abortion |
| Mental illness | Alcohol problems | Drug problems |
| Interpersonal problems | Sexual abuse | Depression |

Physical abuse

Suicidal thoughts

Suicidal attempts

Spiritual problems

Anger management

Unresolved conflict

Please describe if you circled any of the above. Indicate the person involved such as a spouse, child, father, mother, brother, sister, yourself, etc.: _____

Expectations regarding inner healing prayer (ihp)

In a few words, what do you think therapy is all about? _____

How long do you think therapy should last? _____

How do you think a therapist should interact with clients? _____

How would you describe a desired outcome for ihp? _____

Please use this area to describe any other related matters you may have that have not been addressed by this questionnaire.

The information contained herein is complete and truthful to the best of my ability.

Signature _____ Date _____