

Beloved's Questionnaire

Name _____ Age ____ Date _____

Address _____

Phone _____ Email _____

Occupation _____ Highest Grade Completed _____

Do you have children? YES / NO If so, how many? _____

Are they living at home? YES / NO

Have you been through counseling, inner healing, or deliverance before? YES / NO

Do you feel the results were effective? YES / NO

Please explain: _____

**The following pages ask you to share
your and your family's personal history.
Please feel free to circle any areas
of particular concern which you would like
to address during your sessions.**



GENERAL INFORMATION

	YES	NO	NOT SURE	ANYTHING TO ADD OR EXPLAIN?
I believe that I:				
· Have been saved/born again.				
· Will go to heaven when I die.				
· Was baptized in water.				
· Was baptized in the Spirit.				
· Was raised in Christian home.				

	YES	NO	OCCASIONALLY	ANYTHING TO ADD OR EXPLAIN?
I believe that I:				
· Pray regularly.				
· Find it difficult to pray.				
· Read the Bible regularly.				
· Spend regular time with God.				
· Do regular devotions as a family.				

	YES	NO	OCCASIONALLY	ANYTHING TO ADD OR EXPLAIN?
Now or in the past, I have:				
· Desired to be someone else.				
· Desired not to exist.				
· Desired to live in another time.				
· Escaped into a fantasy life.				
· Had recurring nightmares.				
· Watched horror/violent movies.				
· Seen, heard, or felt spirits.				

I. PERSONAL: Who in your family line has experienced this?

[illegible]

II. HEALTH: Who in your family line has experienced this?

[illegible][illegible]

III. SPIRITUAL: Who in your family line has practiced this?

[illegible][illegible]

IV. ADDICTIONS: Who in your family line has experienced this?

[illegible]

V. ABUSE: Who in your family line has experienced this?

[illegible]