Pre-Deliverance In-take Form

Instructions: *The purpose of this form is to help begin to identify the possible entryways of the demonic spirits, the areas of demonic oppression, and to help us prepare for your deliverance session. Please fill this form out as fully and honestly as possible. It is okay if you don't know everything, many people do not know their family history beyond their parents. Just answer what you know. Pray and ask the Holy Spirit to help bring any necessary information to your remembrance. You may write "N/A" (not applicable) in any area that does not apply to you. All the information you provide is strictly confidential and is only viewed by the individuals involved in personal ministry with you. Please also sign the Liability Release at the end of this form.*

Today's Date: _____

First and Last Name: _____

Date of Birth (MM/DD/YYYY): _____

CONTACT INFORMATION

Address: _____

Phone Number: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

MARITAL & FAMILY HISTORY

Current Marital Status [ ] Married [ ] Single [ ] Divorced [ ] Separated

If married... How long?_____ How many times?_____

If divorced.... How many times?_____

Do you have any children? [ ] Yes [ ] No If yes, how many?_____

Did you have any notable issues or traumatic events during pregnancy or delivery?
If so, briefly explain. _____
_____
_____
_____

In your childhood family...

Your parents were [ ] Married [ ] Divorced [ ] Separated [ ] Never Married

Were you conceived out of wedlock? [ ] Yes [ ] No [ ] Unsure

Did your mother have any notable issues or traumatic occurrences while she was pregnant with you? If so, briefly explain. _____
_____
_____
_____

How many children were in your childhood family?_____

Were you the first born, second born, etc.?_____

How would you describe your relationship with your...

Father? [ ] Good [ ] Bad [ ] Indifferent [ ] Unknown

Mother? [ ] Good [ ] Bad [ ] Indifferent [ ] Unknown

Siblings? [ ] Good [ ] Bad [ ] Indifferent [ ] Unknown

Were you adopted? [ ] Yes [ ] No

Were you ever in foster care? [ ] Yes [ ] No

Do you notice any patterns of no marriage, bad marriage, or divorces in your family lines? If so, briefly explain._____

_____

_____

_____

SPIRITUAL HISTORY

Are you a born-again Christian? [ ] Yes [ ] No If so, how long?_____

Have you been water baptised (by immersion)? [ ] Yes [ ] No

If so, when?_____

Have you ever walked through deliverance before? [ ] Yes [ ] No

If so, when did you last have a deliverance session?_____

Do you have any specific concerns or any areas of persistent struggle when it comes to your relationship with God or overall spiritual growth that you would like to mention?

_____

_____

_____

Have you ever practiced any other religions or philosophies? Please check all that apply.

[ ] Catholicism
[ ] Anglican/Episcopalian
[ ] Jehovah's Witness
[ ] Mormonism
[ ] Scientology
[ ] Islam
[ ] Hebrew Israelite
[ ] Judaism
[ ] Buddhism
[ ] Celtic Religion
[ ] Taoism
[ ] Hinduism
[ ] Shinto
[ ] Atheism
[ ] Agnostic
[ ] Metaphysics

[ ] Other (please explain):_____

Do any of your family members currently practice or previously practiced any other religions? If so, briefly explain._____

_____

_____

_____

Were you or your family members ever in a cult? If so, briefly explain._____
_____
_____
_____

Any personal or family involvement in freemasonry, secret societies, or fraternities/sororities? If so, briefly explain._____
_____
_____
_____

For the next sections, please place a check next to each of the following that apply to you even if it was only for a brief period or otherwise in the past.

WITCHCRAFT

[ ] Witchcraft/Occult
[ ] New Age
[ ] Palm Reading
[ ] Spiritual baths/cleansings
[ ] Tarot cards
[ ] Horoscopes/Astrology/ Zodiac signs
[ ] Charms/Medallions/Evil eye
[ ] Crystals
[ ] Sage burning
[ ] Channeling
[ ] Eastern or Transcendental Meditation
[ ] Set up/sat before demonic altars
[ ] Ancestral worship
[ ] Yoga/Reiki
[ ] Palm Reading
[ ] Breathwork
[ ] Vibration healing
[ ] Sound healing
[ ] Martial arts
[ ] Angel Numbers/Numerology
[ ] Manifesting
[ ] Astral projection
[ ] Spirit guides
[ ] Seances
[ ] Rituals
[ ] Curses/Spells/Incantations
[ ] Chants/Mantras
[ ] Tarot cards
[ ] Santeria
[ ] Palo Mayombe
[ ] Ayahuasca
[ ] Voodoo
[ ] Juju
[ ] Obeah
[ ] Kabbalah
[ ] Law of Attraction/other pseudosciences
[ ] Ghost hunting
[ ] Ouija board (Planchette)
[ ] Sought out or any involvements with Mediums, Spiritists, Fortune Tellers, Psychics, Healers, etc.

[ ] Other (please explain):_____

Are you aware of anyone in your family that has been involved in the occult/witchcraft or otherwise could have made evil covenants? If yes, please briefly explain._____

_____

_____

_____

_____

SEXUAL HISTORY

[ ] Fornication
[ ] Lust
[ ] Adultery
[ ] Polygamy
[ ] Pornography
[ ] Masturbation

[ ] Homosexuality/Lesbianism
[ ] Bisexuality
[ ] Transgenderism
[ ] Experienced gender identity confusion
[ ] Beastiality
[ ] Sadomasochism

[ ] Abnormal or perverted sexual desires
[ ] Experience sexual dreams (Incubus/Succubus)
[ ] Have been raped
[ ] Have been molested

[ ] Other (please explain):_____

Any sexual abuse in your childhood or early exposure to pornography?._____

_____

_____

EMOTIONAL ISSUES

[ ] Fear
[ ] Abnormal Fears
[ ] Anxiety
[ ] Worry
[ ] Stress
[ ] Doubt
[ ] Unbelief
[ ] Feelings of despair or hopelessness

[ ] Heaviness
[ ] Loneliness
[ ] Depression
[ ] Excessive mourning or grief
[ ] Anger or Rage
[ ] Hatred
[ ] Wanting revenge
[ ] Suspicion/unable to trust others

[ ] Feelings of guilt/shame
[ ] Feel worthless
[ ] Feel like a failure
[ ] Low self-esteem
[ ] Insecurity
[ ] Self-pity
[ ] Self-hate

[ ] Other (please explain):_____

CHARACTER ISSUES

[ ] Rebellion
[ ] Inability to submit to authority
[ ] Argumentative
[ ] The need to be right
[ ] The need to be in control/in charge
[ ] Vanity
[ ] Critical of others
[ ] Pride
[ ] Gossip
[ ] Jealousy
[ ] Envy
[ ] Lying
[ ] Cursing

[ ] Other (please explain):_____

REJECTION

[ ] Parental rejection
[ ] Word curses
[ ] Ostracized/Shunned
[ ] Parental Abandonment
[ ] Discrimination
[ ] Spousal Abandonment

[ ] Other (please explain):_____

MENTAL CONCENTRATION

[ ] Confusion
[ ] Distraction
[ ] Forgetfulness
[ ] Memory loss/gaps
[ ] Fantasizing
[ ] Daydreaming

[ ] Other (please explain):_____

MENTAL HEALTH HISTORY

[ ] ADD
[ ] ADHD
[ ] Depression
[ ] Bi-Polar
[ ] Paranoia
[ ] Panic Attacks
[ ] Schizophrenia
[ ] Dissociative Identity Disorder (DID)/Multiple Personality Disorder
[ ] OCD
[ ] Post Traumatic Stress Disorder (PTSD)
[ ] Autism
[ ] Body Dysmorphia

[ ] Other (please explain):_____

Any family history of mental health?_____

_____

HEALTH/INFIRMITY

[ ] Cancer
[ ] Incurable disease
[ ] High Blood Pressure
[ ] Diabetes
[ ] Heart attacks/Stroke
[ ] Chronic Pain
[ ] PCOS
[ ] Extreme/excessive menstrual bleeding
[ ] Infertility
[ ] Ovarian cysts, fibroids, or other reproductive issues
[ ] Insomnia or other sleep disorders
[ ] Eating disorders (Anorexia, Bulimia, binge eating, etc.)
[ ] Major surgeries

[ ] Other (please explain):_____

Any family history or patterns of sickness/disease?_____

_____

Have you ever received alternative forms of medicine such as acupuncture or chiropractic?

_____

DEATH

[ ] Had Abortions
[ ] Supported or aided someone else's abortion
[ ] Miscarriages
[ ] Stillbirths
[ ] Suicidal thoughts
[ ] Self-harming (cutting, burning, pulling hair, etc.)
[ ] Thoughts of murder/harming others
[ ] Attraction to violence

[ ] Other (please explain):_____

ADDICTION

[ ] Food
[ ] Sex
[ ] Alcohol
[ ] Pornography
[ ] Drugs (which?:_____)
[ ] TV/Entertainment
[ ] Social media
[ ] Cigarettes/Tobacco/Nicotine
[ ] Weed
[ ] Sleeping pills/aids
[ ] Shopping/spending

[ ] Other (please explain):_____

Any family history of addiction?_____

_____

CRIMINAL ACTIVITY

[ ] Kleptomania [ ] Been arrested [ ] Jail [ ] Prison

[ ] Other (please explain):_____

ABUSE, ACCIDENTS, & TRAUMATIC OCCURENCES

[ ] Physically Abused
[ ] Mentally or Psychologically Abused
[ ] Emotionally or Verbally Abused
[ ] Spiritually Abused
[ ] Sexually Abused
[ ] Abusive to others (please explain)
[ ] Accidents or Injuries (frequent in nature or that deeply impacted/terrified you)
[ ] Events that deeply affected you (please explain)

[ ] Other (please explain):_____

_____

_____

UNFORGIVENESS

Do you have difficulty forgiving? [ ] Yes [ ] No

Any unforgiveness, bitterness, offenses, or resentment? [ ] Yes [ ] No

If so, can you forgive? [ ] Yes [ ] No

ENTERTAINMENT/MISCELLANEOUS

[ ] Drawn to or watch witchcraft/occultic movies, shows, or video games (i.e. Harry Potter, etc.)
[ ] Drawn to or watch horror movies, shows, or video games
[ ] Fascination with violence
[ ] Drawn to or listen to music that does not glorify God and/or promotes ungodly living (i.e. vulgar language, blasphemous, sexually charged, violence, etc.)
[ ] Tattoos
[ ] Other (please explain):_____

SUMMARY

Is there anything else that you want to share that you believe could be an entry point or cause for demonization? What do you think may be the areas of demonic influence in your life? Please share anything the Holy Spirit brings to your mind.

_____

_____

_____

_____

_____

_____

DEMONIC SYMPTOMS

Please review the following list and check all that apply to you. A few symptoms may not indicate demonic oppression, but these are very common symptoms for those under demonic attack. If you are uncertain, just check it off. After all, there is really nothing to lose by doing so, except one's pride. When in doubt, cast them out!

[ ] A compulsive desire to blaspheme God
[ ] A revulsion against the Bible, including a desire to tear it up or destroy it
[ ] Compulsive thoughts of suicide or murder
[ ] Deep feelings of bitterness and hatred toward others without a reason: Jews, other races, the church, strong Christian leaders, etc.
[ ] Any compulsive temptations, which seek to force you to thoughts or behavior which you truly do not want to do or think
[ ] Compulsive desires to tear other people down, even if it means lying to do so
[ ] Vicious cutting down of others by the tongue
[ ] Terrifying feelings of guilt even after honest confession is made to the Lord
[ ] Certain physical symptoms which may appear suddenly or leave quickly and there are no physical or physiological reason
[ ] Choking sensations
[ ] Pains that seem to move around and for which there is no medical cause
[ ] Feelings of tightness around the head or eyes
[ ] Dizziness, blackouts, or fainting seizures
[ ] Sudden surges of violent rage, uncontrollable anger, or seething feelings of hostility
[ ] Terrifying doubt of one's salvation even though you once knew the joy of salvation
[ ] Seizures of panic or other fear that is terrifying
[ ] Dreams or nightmares that are of a demonic or horrific nature and often recurring (Clairvoyant dreams that may even come true are most often demonic)
[ ] Abnormal or perverted sexual desires
[ ] Questions and challenges to God's Word
[ ] Compulsions or obsessions
[ ] Rebellion and hatred for authority
[ ] Bizarre terrifying thoughts that seem to come from nowhere and you cannot control them
[ ] Fascination with the occult
[ ] Extremely low self-image (unworthy, a failure, no good, a constant undermining of the self-identity)
[ ] Constant confusion in thinking (sometimes great difficulty in remembering things).
[ ] Inability to believe (even when you want to)

[ ] Mocking and blasphemous thoughts against preaching/teaching of the Word of God
[ ] Perceptual distortions - perceiving anger, hostility, in others when it doesn't really exist, seeing only judgment in the scriptures
[ ] Sleep Paralysis
[ ] Violent thoughts (suicidal, homicidal, encouraging self-abuse, etc.)
[ ] Hatred and bitterness toward others for no justifiable reason
[ ] Tremendous hostility or fear when encountering someone involved in deliverance work
[ ] Feelings of being watched or sensing an evil presence
[ ] Machine, equipment, or devices malfunctioning around you
[ ] Deep depression and despondency (frequently and at significant times)
[ ] Irrational fears - panic attacks, phobias
[ ] Irrational anger or rage
[ ] Irrational guilt or extreme self-condemnation
[ ] Desire to do what is right with inability to carry it out
[ ] Sudden personality and attitude changes (severe contrasts, appears schizophrenic)
[ ] A strong aversion toward scripture reading and prayer (especially one on one)
[ ] A dark countenance (steely or hollow look in eyes, contraction of the pupils, sometimes facial features contort or change often an inability to look at others directly)
[ ] Lying, exaggerating, or stealing compulsively (often wondering why)
[ ] Compulsive sexual sins (especially perversions)
[ ] Irrational laughter or crying
[ ] Irrational violence (compulsion to hurt self and/or someone else)
[ ] Sudden speaking of a language not previously known (often an ethnic language of ancestors)
[ ] Reactions to the name and blood of Jesus Christ (verbally or through body language)
[ ] Extreme restlessness (especially in a spiritual environment)
[ ] Uncontrollable cutting and mocking tongue
[ ] Vulgar language and actions
[ ] Loss of time (ranging from minutes to hours - ending up someplace, not knowing how you got there, regularly doing things of which there is no memory)
[ ] Extreme sleepiness around spiritual things (i.e. while reading the Bible, prayer, etc.)
[ ] Demonstration of extraordinary abilities (either ESP or Telekinesis)
[ ] Voices are heard in the mind (they mock, intimidate, accuse, threaten or bargain)
[ ] Hearing a voice that refers to him/her in the third person
[ ] Supernatural experiences - hauntings, movement or disappearance of objects, and other strange manifestations
[ ] Seizures (too long and/or too regular)

[ ] Pain (without justifiable explanation - especially in head and/or stomach). Physical ailments can often be alleviated immediately by a command of spiritual authority (i.e. epileptic seizure, asthma attacks, various pains).
[ ] Sudden interference with bodily functions (temporary) - buzzing in ears, inability to speak or hear, sudden severe headache, hypersensitivity in hearing or touch, sudden chills or overwhelming heat in body, numbness in arms or legs, temporary paralysis
[ ] Sudden and extreme change in the temperature of the environment (i.e. the room your in suddenly becomes extremely cold)
[ ] Bruises, scratches, or other marks of unknown origin/cause appearing on body
[ ] Tiredness/Fatigue even after getting sufficient hours of sleep/rest
[ ] Foul odors present that should not be there
[ ] Unable to read or understand the Bible
[ ] Other (please explain):_____
_____
_____
_____

Liability Release

I hereby acknowledge and affirm that all answers given by myself in response to the questions in this form are voluntarily submitted and that the information is true to the best of my knowledge. I hereby release, indemnify and forever hold harmless GIRLS ON FIRE Ministries (GIRLS ON FIRE LLC) and its ministers, agents, staff, employees and volunteers of any damages, real or perceptual, arising from personal ministry in connection with the information submitted herein.

I understand that the ministers of GIRLS ON FIRE Ministries are not licensed mental health or medical health professionals and the ministry is founded on the principles and precepts of the Holy Bible. I understand the deliverance session and process is led by and subject to the Holy Spirit.

First and Last Name (Printed):_____

Signature:_____ **Date:**_____

Name of Parent or Legal Guardian if person filling out the form is under age 18 (Printed):_____

Signature:_____ Date:_____