



# The Harvest

Embrace TRUTH | Live TRUTH | Share TRUTH

## FREEDOM AND HEALING CENTER INTAKE FORM

*Please answer in a different type font, in caps or in legible handwriting.*

### CONTACT INFORMATION

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_

Email \_\_\_\_\_

Best time and method to reach you \_\_\_\_\_

Emergency contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### EDUCATION/WORK

Occupation \_\_\_\_\_ Education (highest grade completed) \_\_\_\_\_

### MARRIAGE INFORMATION

Marital status \_\_\_\_\_ Name of spouse \_\_\_\_\_

Your spouse's age \_\_\_\_\_ Occupation \_\_\_\_\_

Date of marriage \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Any previous marriages? \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_

Give information about any previous marriages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating with spouse \_\_\_\_\_ Length of engagement \_\_\_\_\_

Have you ever been separated? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_

Have either of you ever filed for divorce? \_\_\_\_\_ When? \_\_\_\_\_ Who? \_\_\_\_\_

**INFORMATION ABOUT CHILDREN**

Name	Age	Sex	Living Yes/No	Marital Status
1) _____				
2) _____				
3) _____				
4) _____				

Have you had any miscarriages/abortions Yes/No Which? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

Parents presently married/divorced? \_\_\_\_\_ Alive/deceased? \_\_\_\_\_

Any stepparents? \_\_\_\_\_ Adoption? \_\_\_\_\_

Describe the sense of security and harmony you experienced in your home growing up? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was authority exercised in your home? Which parent was in charge and how did he/she operate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was affection shown between your parents and toward you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any awareness of adultery or incest in your family or that of your grandparents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any involvement by your parents, grandparents or great-grandparents in any occult, cultic or non-Christian religious practices? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were your parents Christians? If yes, how did they profess and live their Christianity? \_\_\_\_\_

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Older Siblings

Younger Siblings

Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

**FAMILY HEALTH**

Describe any history of addictions in your family (e.g. alcohol, drugs, gambling, eating disorders)? \_\_\_\_\_

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Describe any history of mental or emotional illness? \_\_\_\_\_

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Any history of the following?

\_\_\_\_\_ Tuberculosis

\_\_\_\_\_ Heart disease

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Cancer

\_\_\_\_\_ Ulcers

\_\_\_\_\_ Glandular problems

\_\_\_\_\_ Epilepsy

Please list any other major health condition(s) \_\_\_\_\_

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Describe your family's concern for:

Diet \_\_\_\_\_

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Exercise \_\_\_\_\_

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Rest \_\_\_\_\_

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**HEALTH INFORMATION**

**Physical**

Rate your health (circle) Very good/Good/Average/Declining/Poor

Your approximate weight \_\_\_\_\_ lbs. Changes recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_

Approximately how many hours of sleep do you get a night? \_\_\_\_\_

Do you nap during the day? If yes, how long on average? \_\_\_\_\_

Describe your approach to regular periods of rest, relaxation and exercise \_\_\_\_\_

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List all major present or past illness, injuries or disabilities \_\_\_\_\_

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Date of last medical examination \_\_\_\_\_ General Report \_\_\_\_\_

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Are you presently taking medication? Yes/No What? \_\_\_\_\_

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Have you used drugs for other than medical purposes? Yes/No  
If Yes, what? \_\_\_\_\_

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Describe any addictions or cravings you find it difficult to control (sweets, drugs, alcohol, food, sex, etc.?)

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**MENTAL/EMOTIONAL**

Have you ever had a severe emotional disturbance, breakdown, disorder, etc.? Yes/No  
If Yes, explain \_\_\_\_\_

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Have you ever had any psychotherapy, counseling, or prayer ministry? Yes/No  
If yes, which? \_\_\_\_\_ When? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

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Describe any desire to be someone else. \_\_\_\_\_

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Describe any desire to escape life and not exist. \_\_\_\_\_

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Describe any desire to live in another place and time. \_\_\_\_\_

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Have you feared that you might go insane? Yes/No  
If yes, explain \_\_\_\_\_

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How much time do you spend weekly watching TV? \_\_\_\_\_

List your five favorite TV programs: \_\_\_\_\_

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How much time do you spend weekly playing video games? \_\_\_\_\_

List your five favorite video games: \_\_\_\_\_

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How much time do you spend a week reading? \_\_\_\_\_

What do you read (books, magazines, newspaper, internet, etc.) \_\_\_\_\_

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How much do you listen to music? \_\_\_\_\_

What genres (kinds) of music do you like/listen to? \_\_\_\_\_

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**Check and explain presence of any of the following:**

- |                        |                      |                            |
|------------------------|----------------------|----------------------------|
| _____ Shame            | _____ Anger          | _____ Unworthiness         |
| _____ Guilt            | _____ Bitterness     | _____ Inadequacy           |
| _____ Deception (Lies) | _____ Resentment     | _____ Insecurity           |
| _____ Fear             | _____ Depression     | _____ Inferiority          |
| _____ Worry            | _____ Hatred         | _____ Blasphemous Thoughts |
| _____ Anxiety          | _____ Self Hatred    | _____ Pride                |
| _____ Panic            | _____ Lust           | _____ Arrogance            |
| _____ Rejection        | _____ Fantasy        | _____ Rebellion            |
| _____ Abandonment      | _____ Pornography    | _____ Doubt                |
| _____ Neglect          | _____ Adultery       | _____ Skepticism           |
| _____ Self-Rejection   | _____ Death Thoughts | _____ Loneliness           |
| _____ Control          | _____ Suicide        | _____ Compulsiveness       |
| _____ Performance      | _____ Death Wish     | _____ Addictions           |
| _____ Unwantedness     | _____ Abuse          | _____ Confusion            |

Other \_\_\_\_\_

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Who, in your life, can you tell exactly how you feel about yourself, life and other people? \_\_\_\_\_

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Are you emotionally honest with God? Yes/No Explain \_\_\_\_\_

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Have you ever been arrested? Yes/No Why? \_\_\_\_\_

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**RELIGIOUS BACKGROUND**

Denominational preference? \_\_\_\_\_

What church do you presently attend? \_\_\_\_\_

Who is the pastor? \_\_\_\_\_

Church attendance (times per month): 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood \_\_\_\_\_ Baptized? Yes/No

Religious background of spouse \_\_\_\_\_

Do you consider yourself a religious person? Yes/No/Uncertain

Do you pray to God? Yes/No/Uncertain

If you were to die right now, are you certain you would go to heaven? Yes/No/Uncertain

What is the basis for answering the preceding question as you did? \_\_\_\_\_

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Are you saved? Yes/No/Not sure what you mean?

Are you plagued with doubts concerning your salvation? Yes/No

How much do you read the Bible? Never/Occasionally/Often

Do you pray regularly? Yes/No

Do you find praying difficult? Explain \_\_\_\_\_

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Do you have a regular personal time with God? Yes/No

Do you have regular family devotions? Yes/No

When attending Christian meetings are you plagued with foul thoughts, jealousies or other mental harassment?  
Explain. \_\_\_\_\_

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Explain recent changes in your Christian experience, if any \_\_\_\_\_

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Have you ever been involved either in reading or in practice with metaphysics?  
Explain \_\_\_\_\_

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Have you ever taken a class or read books on parapsychology? Explain \_\_\_\_\_

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Have you ever heard voices in your mind? Explain \_\_\_\_\_

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Describe any other experiences you may have had that would be considered out of the ordinary \_\_\_\_\_

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Have you had any experience in the following occult activities or religions? Explain \_\_\_\_\_

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**Occult**

- \_\_\_\_\_ Astral Projection
- \_\_\_\_\_ Ouija Board
- \_\_\_\_\_ Table Lifting
- \_\_\_\_\_ Speaking in Trance
- \_\_\_\_\_ Automatic Writing
- \_\_\_\_\_ Visionary Dreams`
- \_\_\_\_\_ Telepathy
- \_\_\_\_\_ Clairvoyance
- \_\_\_\_\_ Fortune Telling
- \_\_\_\_\_ Tarot Cards
- \_\_\_\_\_ Healing Magnetism
- \_\_\_\_\_ Palm reading
- \_\_\_\_\_ Blood Pacts
- \_\_\_\_\_ Astrology
- \_\_\_\_\_ Rod and Pendulum (dowsing)
- \_\_\_\_\_ Amateur Hypnosis
- \_\_\_\_\_ Magic (black or white)
- \_\_\_\_\_ Transcendental Meditation
- \_\_\_\_\_ Other occult practices/worship

**Religions**

- \_\_\_\_\_ Christian Science
- \_\_\_\_\_ Unity
- \_\_\_\_\_ Scientology
- \_\_\_\_\_ The Local Church
- \_\_\_\_\_ The Way International
- \_\_\_\_\_ Unification Church
- \_\_\_\_\_ Unitarianism
- \_\_\_\_\_ Jehovah's Witness
- \_\_\_\_\_ Children of God
- \_\_\_\_\_ Mormonism
- \_\_\_\_\_ Freemasonry
- \_\_\_\_\_ New Age
- \_\_\_\_\_ Worldwide Church of God (Armstrongism)
- \_\_\_\_\_ Zen Buddhism
- \_\_\_\_\_ Hare Krishna
- \_\_\_\_\_ Baha'iism
- \_\_\_\_\_ Rosicrucianism
- \_\_\_\_\_ Science of Mind
- \_\_\_\_\_ Silva Mind Control
- \_\_\_\_\_ Echkantar
- \_\_\_\_\_ EST
- \_\_\_\_\_ Islam
- \_\_\_\_\_ Black Muslim
- \_\_\_\_\_ Hinduism
- \_\_\_\_\_ Yoga
- \_\_\_\_\_ Theosophy
- \_\_\_\_\_ Other Non- Christian Religion

**FOUR IMPORTANT QUESTIONS**

In your own words describe and evaluate your problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done about it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations in coming to us for ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information we should know? \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return these signed forms to Debbie Jones, The Director of The Freedom & Healing Center, by mailing them to The Harvest office, emailing them to Debbie Jones at [Debbie@graftedin.com](mailto:Debbie@graftedin.com), or giving them to her in person before or after Shabbat service. The Harvest's mailing address is P. O. Box 29993 Thornton, CO 80229. Once these forms are submitted into Debbie she will contact you to schedule a 1-2 hour ministry session. Ministry sessions are conducted on Monday evenings from 7:00 to 9:00pm and Saturday mornings from 10:00am to 12:00pm.*