Client Intake for Prayer Ministry

Date:___________________

How referred:______________________________

This information is only for our records and contact ability.

Name:____

Address:____

City:____

State & Zip:____

Phone: (H)____

Phone: (C)____

Emergency Contact: ____

Email Address: ____

Have you had this type of ministry before? Yes No

What brings you to prayer ministry now? ____

____

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Check the issues you are dealing with:

_____ Depression
_____ Anxiety, Fear
_____ Loneliness
_____ Relationships
_____ Low Self Esteem
_____ Career Decision
_____ Workaholism
_____ Alcoholism

_____ Drug Addiction
_____ Other Addiction
_____ Insomnia
_____ Emotional Abuse
_____ Physical Abuse
_____ Sexual Abuse
_____ Marital Problem
_____ Anger

_____ Chronic Illness
_____ Sexual Identity Problem
_____ Eating Disorder
_____ Grief/Loss
_____ Occult/Oppression
_____ Unforgiveness/Bitterness
_____ Financial Crisis
_____ Confusion

Name of initial facilitator:___________________________

Dec 2013