



## Outpatient Ministry Personal History

**Note:** If more space is needed to write your answers, use the back of the same sheet include the PART NUMBER and QUESTION NUMBER for your answer.

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Church \_\_\_\_\_

Current Pastor \_\_\_\_\_ Permission to Contact: Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, sign release form at the end of this packet.*

School: Highest Grade completed \_\_\_\_\_ Degree Earned \_\_\_\_\_

Previous counseling: Yes \_\_\_\_\_ No \_\_\_\_\_ Name & Title/year \_\_\_\_\_

Permission to contact previous counselors Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, sign release form at the end of this packet.*

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

Children: (Names and Ages) \_\_\_\_\_

Vocation: Past \_\_\_\_\_ Present \_\_\_\_\_

### **Part 1: Personal Goals in Receiving Ministry**

1. What do you hope to accomplish or change in your life by coming here? What is your goal?
2. Explain how you see the problem?
3. What is your best guess as to why this problem is happening to you?
4. Which of the above issues is most pressing at the present time and why is that so?
5. Is there a crisis issue we should be concerned at the present time? Yes \_\_\_\_\_ No \_\_\_\_\_.

### **Part 2: Family History or Background**

1. With whom are you now living?
2. Are you adopted? Yes \_\_\_ No\_\_\_ Unsure\_\_\_. **If yes, Explain:**
3. How many brothers and sisters do you have? \_\_\_ Brothers \_\_\_ Sisters.
4. Are your parents living? **Father:** Yes \_\_\_ No \_\_\_ **Mother** Yes \_\_\_ No \_\_\_.
5. Describe your parents as individuals, give 3 words to describe each:
  - a Give three words that describe your **father:**
    1. \_\_\_\_\_
    2. \_\_\_\_\_
    3. \_\_\_\_\_
  - b Give three words that describe your **mother:**
    1. \_\_\_\_\_
    2. \_\_\_\_\_
    3. \_\_\_\_\_
6. Was your **father** clearly the head of the home, or was there a role reversal in which your mother ruled the home?  
**Explain:**
7. Is there a **family secret** that everyone agrees not to discuss or disclose? Yes\_\_\_ No\_\_\_ Unsure\_\_\_  
**Explain in detail:**
8. Do you presently know someone with whom you can be emotionally honest? If **Yes**, who? \_\_\_\_\_

### **Part 3: Life History**

1. Describe any family trauma that you may have experienced. **Explain in detail:**
2. When, where and from whom did you receive your first knowledge of sex?
3. Do you have any concern about your sexual identity? Yes\_\_\_ No\_\_\_ . **If yes, explain:**
4. During childhood, did you feel driven by lust, masturbation or sexual fantasy? Yes\_\_\_ No\_\_\_ . **If yes, explain:**
5. Were you sexually abused? (Sexual abuse includes any type of unwanted sexual touching or fondling, rape, sexual intercourse or oral sex.) Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If No, go to Part 4-1**  
**If Yes, explain:**
6. If you were sexually abused, were there multiple times of being sexually abused? Yes \_\_\_ No \_\_\_.

## **Part 4: Medical**

1. What do you find very stressful in your life at the present time? **Explain in detail:**
2. How do you do to handle this stress when a situation seems to be overwhelming?
3. Have you ever cut yourself? Yes\_\_ No\_\_. **If Yes, explain in detail:**
4. Have you ever had problems wetting the bed? Yes\_\_ No\_\_. If Yes, what age did this stop? \_\_\_\_\_
5. Have you ever walked in your sleep? Yes\_\_ No\_\_.
6. List all diagnoses given to you by any doctors including psychiatrists:
7. Are you now or have you ever been involved in pornography? Yes \_\_\_ No \_\_\_\_. List most recent kinds of involvement.
8. Do you have any habits that are compulsive, in that you feel you are driven to do them and struggle soon afterwards with guilt and feel bad or condemned? **Explain in detail:**

## **Part 5: Social - Psychological**

1. Do you feel intense anger at times and have no idea why you are feeling that way? Yes \_\_\_ No \_\_\_\_.  
**If Yes, explain:**
2. If you have intense anger episodes, do you ever loose control and act out? Yes \_\_\_ No \_\_\_\_.  
**If you act out, explain in detail what you do:**
3. Do you have or ever had panic attacks? Yes \_\_\_ No \_\_\_\_.  
**If Yes, explain what you experience:**
4. Do you feel a sense of deprivation, like being "ripped off" most of your life? Yes\_\_\_ No\_\_\_\_.  
**If Yes, explain why you think you feel this way:**
5. Do you feel that you go overboard to please people? Yes\_\_\_ No\_\_\_\_. **If Yes, explain why you do that.**
6. Do you feel or sense that your moods shift or change more than you would like? Yes\_\_ No\_\_\_. **If Yes, explain why you believe that happens to you:**

7. Have other people noticed your moods shift and have others commented or questioned you about these mood changes? Yes\_\_\_ No\_\_\_. **If Yes, explain what was said to you and what you believe happened:**
8. Do you **frequently** go into a store or mall, then come back to the parking lot and not know where you parked the car? Yes\_\_\_ No\_\_\_. If Yes, explain what happened:
9. When dressing in the morning, do you have to change clothes several times to feel comfortable? Yes\_\_\_ No\_\_\_. **If Yes, explain why you think this happens to you:**
10. Is it common for anyone to tell you **on more than one occasion** that you did something and you don't recall or are not aware of doing it? Yes\_\_\_ No\_\_\_. If Yes, explain in detail:
11. Did you ever have an imaginary playmate? Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If Yes, give details how this happened:**
12. Are there times when you feel very spacey or disconnected, just staring off into space, losing awareness of what is going on around you and sometimes you lose track of time? Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If Yes or Unsure, explain your answer:**
13. Have you ever had a **recurring distressing dream**, even if very short, or a similar dream several times in the past? Yes\_\_\_ No\_\_\_. **If Yes or Unsure, explain your answer:**
14. If you did have **nightmares**, what age did the nightmares start and how frequent were these nightmares? **Explain as best you can why you believe this happens:**
15. Have you ever seen a psychiatrist, psychologist or counselor? Yes\_\_\_ No\_\_\_ **If Yes, what was the reason and what was the diagnosis?**
16. Is there a history of **mental illness** in your family, including grandparents and great-grandparents? Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If Yes explain:**
17. Have you ever been treated for a **mental problem** or hospitalized for a **mental episode**? Yes\_\_\_ No\_\_\_. **If Yes, give the details:**
18. Are you presently on any **medication** for a psychological disorder? Yes\_\_\_ No\_\_\_. **If Yes, list drug and doctor:**


19. Have you ever been addicted to illegal drugs \_\_\_ alcohol\_\_\_ Rx drugs \_\_\_\_\_?

20. In the past, have you felt **very depressed, blue, and hopeless** for a period lasting for **two weeks or more**?  
Yes\_\_\_ No\_\_\_ Unsure\_\_\_ **If Yes or Unsure, explain your answer:**

21. Do you **NOW** or have you **EVER** had suicidal thoughts, wishes to be dead, or attempted suicide?  
Yes\_\_\_ No\_\_\_ Unsure\_\_\_ **If Yes or Unsure, give details of what happened:**

22. Have you received electro-shock treatments? Yes\_\_\_ No\_\_\_ Unsure\_\_\_ **If Yes, How many and explain what were the reasons for electro-shock treatments:**

23. Have you ever been diagnosed as having the following: **(Check all that apply)**

- |   |         |        |            |
|---|---------|--------|------------|
| a. Depression   | Yes ___ | No ___ | Unsure ___ |
| b. Bipolar  | Yes ___ | No ___ | Unsure ___ |
| c. Schizophrenia  | Yes ___ | No ___ | Unsure ___ |
| d. Anxiety disorder   | Yes ___ | No ___ | Unsure ___ |
| e. Post Traumatic Stress Disorder (PTSD)  | Yes ___ | No ___ | Unsure ___ |
| f. Dissociative disorder  | Yes ___ | No ___ | Unsure ___ |
| g. Multiple Personality Disorder (MPD or DID)   | Yes ___ | No ___ | Unsure ___ |
| h. Any other psychiatric disorder (Borderline Personality, Anti-social behavior, etc) | Yes ___ | No ___ | Unsure ___ |
| i. Having thoughts of a delusional nature, which are not in touch with reality?       | Yes ___ | No ___ | Unsure ___ |
| j. Have you ever been treated for a delusional disorder?                              | Yes ___ | No ___ | Unsure ___ |

**If Yes or you are Unsure -Explain as much as you can.**

24. Do you ever have or ever had, blank, foggy spells or periods of missing time that you can't remember what happened?  
Yes\_\_\_No\_\_\_ Unsure\_\_\_ **If Yes, is there anything that you are aware of or told what happened during this missing time periods? Explain in detail, using back of this sheet to explain your answer.**

25. Have you ever experienced any of the following: **(Check all that apply)**

- |  |         |        |            |
|--|---------|--------|------------|
| a. Hear <b>voices arguing in your head</b> , commenting on or criticizing your actions               | Yes ___ | No ___ | Unsure ___ |
| b. Hear <b>voices outside of you</b> commenting on or criticizing your actions?                      | Yes ___ | No ___ | Unsure ___ |
| c. Feel like your thoughts were controlled or produced by <b>someone or something OUTSIDE of you</b> | Yes ___ | No ___ | Unsure ___ |
| d. Feel like your thoughts were controlled or produced by <b>someone or something INSIDE of you</b>  | Yes ___ | No ___ | Unsure ___ |
| e. Feel like your thoughts were being <b>taken out of your mind</b> ?                                | Yes ___ | No ___ | Unsure ___ |
| f. Hear something or someone <b>laughing in your mind</b> ?  | Yes ___ | No ___ | Unsure ___ |
| g. Feel like <b>there is another person or persons inside of you</b> ?                               | Yes ___ | No ___ | Unsure ___ |

26. Do you remember ever speaking about yourself as **we** or **us** or refer to yourself in the third person? Yes\_\_\_ No\_\_\_.

27. Do you presently fear that **cracking up** or **losing it** is possible? Yes\_\_ No\_\_.  
**If Yes, explain in detail:**
28. Have you ever done **physically unsafe** or **self-damaging** acts, (suicidal gestures, self-mutilation /cutting), had recurrent accidents, or going to places where you were attacked or often been involved in fights or abuse?  
**(Circle and explain the ones that apply to you)**
29. Have you ever noticed certain items present or have appeared in your house where you live which you don't know where they came from or how they got there, e.g., clothes, shoes, jewelry, books, gifts, etc.? Yes\_\_ No\_\_ Unsure\_\_.  
**If Yes. explain what you think happened:**
30. Have you ever looked or read your old letters, notes or journal entries **that you have written** and noticed that **your handwriting** seems different, changes, or you don't recognize the writing? Yes\_\_ No\_\_ Unsure\_\_.  
**If Yes, explain in detail why you think this happened:**
31. Are there large parts of your childhood which you cannot remember? Yes\_\_ No\_\_ Unsure\_\_.  
**If Yes, was it before 6 \_\_ and or after age 10 \_\_.**  
**What and why did this happen to you?**
32. Do you ever have periods when you feel unreal, as if in a dream or as if you're not really there?  
**If Yes, try to explain:**
33. Do you ever have **feelings of being inside or outside your body** at times, that happen **suddenly like a flood**, sometimes painful; and sometimes may be accompanied by a picture that flashed in your mind?  
Yes\_\_ No\_\_ Unsure\_\_. **If Yes, explain in detail:**
34. Have you ever had a mental flashback, or a mental picture in your mind that was of a **person or a place**, that was familiar but somewhat frightening, a picture that was **stronger than just a thought and out of the ordinary** for you?  
Yes\_\_ No\_\_ Unsure\_\_. **If Yes, explain your answer in detail – and – tell how it made you feel:**
35. Have you ever had a **picture or image** flash in your mind of something of a sexual nature that was **STRONGER** than just a thought? (it may or may not have been accompanied with fearful or sexual feelings)  
Yes\_\_ No\_\_ Unsure\_\_. **If Yes, please explain your answer in detail:**

36. Do you ever find yourself coming to an unfamiliar place, wide-awake, not sure how you arrived there and not sure what has been happening in the time prior to arriving there? Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If Yes, explain in detail:**

37. Have you ever had an experience of leaving your body? Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If Yes:**

a. When?

b. Where?

38. Have you ever experienced seeing yourself from outside your body? Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If Yes:**

a. When?

b. Where?

## **Part 6a: Spiritual Experiences - Influences**

1. Have you experienced an influence, a force or a power, affecting your body *from outside you*?  
Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If Yes, explain in detail:**

2. Did you ever see *dark shadows* or *dark figures* in your bedroom or closet as a child?  
Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If Yes, describe what you saw or what effect it had on you?:**

3. Have you ever experienced the presence of *a spiritual being* in your bedroom, especially at night?  
Yes\_\_\_ No\_\_\_ Unsure\_\_\_.  
a. If you did, what was the feeling you experienced when this presence was in the room? **Explain in detail:**

b. Did this presence touch you? Yes\_\_\_ No\_\_\_ Unsure\_\_\_. If so, *where?* **Explain in detail:**

c. Was there anything sexual about this experience or appearance? Yes\_\_\_ No\_\_\_ Unsure\_\_\_.  
**Explain in detail:**

d. What did you do to stop it or make this being, figure or spirit leave? **Explain in detail**

4. Have you ever, had any extrasensory perception experiences such as: **(Check all that apply)**

- a. mental telepathy
- b. seeing the future while awake
- c. moving objects with your mind
- d. other extrasensory/spiritual type experiences **(describe in detail)**

5. Have you ever felt you were controlled or possessed by any of the following: **(Check all that apply)**

- a. a demon
- b. a dead person
- c. a living person
- d. some strange power or force

**Explain what you believe about this experience and what was it trying to do?**

6. Have you ever had any contact with any of the following: **(Check all that apply)**

- a. ghosts
- b. poltergeists (cause noises or objects to move around)
- c. spirits of any kind

**List all examples of what you experienced:**

7. Have you ever seen a non-human form or image in your mind? Yes\_\_\_ No\_\_\_.

**If Yes, explain what you experience in detail:**

8. Did you ever visit or did your parents ever take you to a pow-wow healer, psychic healer, or shaman?

Yes\_\_\_ No\_\_\_ Unsure\_\_\_ **If Yes, circle who was visited and explain what happened:**

9. Have you ever prayed prayers to specifically renounce any of the practices in the previous question?

Yes\_\_\_ No\_\_\_ **If Yes, explain what type prayers you prayed:**

10. Have you ever been to a deliverance minister? Yes\_\_\_ No\_\_\_ **If Yes, please give the name of that minister and explain what happened when this person prayed for you. Explain in detail:**



11. Check the practices listed below that you have ever taken part, even if it was just for fun:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> 6th & 7th books of Moses | <input type="checkbox"/> Amulets                  | <input type="checkbox"/> Astral Projection    | <input type="checkbox"/> Astrology             |
| <input type="checkbox"/> Automatic Handwriting    | <input type="checkbox"/> Black or white magic     | <input type="checkbox"/> Black Rock Music     | <input type="checkbox"/> Chi                   |
| <input type="checkbox"/> Blood pacts              | <input type="checkbox"/> Buddhism                 | <input type="checkbox"/> Channeling           | <input type="checkbox"/> Consulting a medium   |
| <input type="checkbox"/> Christian Science        | <input type="checkbox"/> Clairvoyance             | <input type="checkbox"/> Colorology           | <input type="checkbox"/> Crystal gazing        |
| <input type="checkbox"/> Dungeons and Dragons     | <input type="checkbox"/> E.S.T.                   | <input type="checkbox"/> Eastern Star         | <input type="checkbox"/> Fortune-telling       |
| <input type="checkbox"/> Eckankar                 | <input type="checkbox"/> Edgar Cayce              | <input type="checkbox"/> ESP                  | <input type="checkbox"/> Hinduism              |
| <input type="checkbox"/> H.W. Armstrong           | <input type="checkbox"/> Healing magnetism        | <input type="checkbox"/> Hexing               | <input type="checkbox"/> Incubus/ Succubus     |
| <input type="checkbox"/> Horoscopes               | <input type="checkbox"/> Hypnosis                 | <input type="checkbox"/> Incantations         | <input type="checkbox"/> Metaphysics           |
| <input type="checkbox"/> Jehovah's Witness        | <input type="checkbox"/> Karate                   | <input type="checkbox"/> Magic charming       | <input type="checkbox"/> Ouija Board           |
| <input type="checkbox"/> Mind Reading             | <input type="checkbox"/> Mormonism                | <input type="checkbox"/> New Age              | <input type="checkbox"/> Masons                |
| <input type="checkbox"/> Palm reading             | <input type="checkbox"/> Power Crystals           | <input type="checkbox"/> Pow-wow healing      | <input type="checkbox"/> Psychic healing       |
| <input type="checkbox"/> Psychic Powers           | <input type="checkbox"/> Rod and Pendulum         | <input type="checkbox"/> Rosicrucian's        | <input type="checkbox"/> Silva Mind Control    |
| <input type="checkbox"/> Satanic rituals          | <input type="checkbox"/> Scientology              | <input type="checkbox"/> Seance               | <input type="checkbox"/> Spirit Guides         |
| <input type="checkbox"/> Sorcery                  | <input type="checkbox"/> Soul Travel              | <input type="checkbox"/> Speaking in a trance | <input type="checkbox"/> The Way International |
| <input type="checkbox"/> Tarot cards              | <input type="checkbox"/> Spiritist                | <input type="checkbox"/> Table lifting        | <input type="checkbox"/> Wart charming         |
| <input type="checkbox"/> Unification Church       | <input type="checkbox"/> T. M.                    | <input type="checkbox"/> Telepathy            | <input type="checkbox"/> Unitarian             |
| <input type="checkbox"/> Santeria                 | <input type="checkbox"/> Tea leaf reading         | <input type="checkbox"/> Voodoo               | <input type="checkbox"/> Water divining        |
|   | <input type="checkbox"/> Indian or spirit worship | <input type="checkbox"/> Yoga                 |  |

## Part 6b: Spiritual Experiences - Influences

- Have you ever studied or been involved in Eastern religions, transcendental meditation or hypnosis, etc.? Yes\_ No\_.  
If Yes, Explain in detail:
  
- In the house or houses in **which you grew up**, were there ever any **supernatural occurrences** that could not be explained by ordinary reasonable explanation? Yes\_\_\_ No\_\_\_. If Yes, how would you explain this occurrence?
  
- In the house in which you **presently live**, has there ever been any supernatural occurrences; occurrences that cannot be reasonably explained? Yes\_\_\_ No\_\_\_. If Yes, how you would explain this occurrence:
  
- Was your family's house built on a cemetery or Indian burial ground? Yes\_\_\_ No \_\_\_ Unsure\_\_\_.
  
- Do you know if anyone ever cursed you or put a curse on your family or family's home?  
Yes\_\_\_ No\_\_\_. If Yes, explain what you understand happened:
  
- Were your parents or people in your family ever involved in any of the following: **(Check all that apply)**

a. the Mormons	<input type="checkbox"/>
b. the Masons, (Masonic Order, Blue Lodge, Rainbow Girls, Eastern Star	<input type="checkbox"/>
c. Jehovah Witnesses	<input type="checkbox"/>
d. A legalistic demanding church	<input type="checkbox"/>
e. Santeria	<input type="checkbox"/>
f. the occult, cults, psychic or non-Christian religious practices	<input type="checkbox"/>
g. an adulterous affair	<input type="checkbox"/>

7. Was there any of the following in your parent's life, grandparent's life, great-grandparent's life? Yes \_\_\_ No \_\_\_  
**Circle the ones that apply:** divorce, poverty, rage, adultery, physical illnesses, mental illness, miscarried pregnancies, fortune telling, witchcraft, Satanism, doing psychic healing, addictive problems (alcohol, sex, drugs, food, etc.)
8. Do you know of or see any of the things circled above, happening in the children or grandchildren lives today? Yes \_\_\_ No \_\_\_ **If Yes, Explain what you see happening:**
9. Do you know or believe that you were dedicated as a baby or young child in a **strange family ceremony**, or taken to a strange or scary ceremony by a person in your family? Yes \_\_\_ No \_\_\_. **If yes, Explain in detail:**
10. Have you ever been involved in a ritualistic cult or satanic cult activities? Yes \_\_\_ No \_\_\_. **If Yes, Explain in detail:**

## **Part 7: Spiritual and Religious**

1. What is your perception of God, i.e., **good and loving** or **judgmental, just waiting for you to fail**?  
**Circle the one that applies and explain:**
2. Do you have trouble feeling close to God? Yes \_\_\_ No \_\_\_. **If Yes, explain:**
3. Can you relate to God as a good father? Yes \_\_\_ No \_\_\_. **If No, explain your answer:**
4. Have you ever been in a controlling or dominating church or under a controlling or dominating pastor? Yes \_\_\_ No \_\_\_. **If Yes, explain what occurred:**
5. Do you find it hard to praise God? Yes \_\_\_ No \_\_\_. **If Yes, explain as best you can why this happens to you:**
6. In church are you tormented with foul/evil or blaspheming thoughts or mental torment? Yes \_\_\_ No \_\_\_.  
**If Yes, explain why this happens?**
7. At times do you feel a strong impulse to run out of a church service? Yes \_\_\_ No \_\_\_.  
**If Yes, explain what you experience:**
8. Do you have any trouble taking communion? Yes \_\_\_ No \_\_\_. **If Yes, explain what trouble you experience:**

9. When a pastor or priest talks about the meaning of communion, does that make you feel uncomfortable? Yes\_\_\_ No\_\_\_. **If Yes, explain why you feel this way as best as you can:**
10. Do you have trouble when people in the church want to lay hands on you to pray for you? Yes\_\_\_ No\_\_\_. **If Yes, what do you experience when they do that?**
11. When and where did you receive Jesus as your Lord and Savior? (John 1:12) Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **Explain in detail:**
12. Please give a **brief** detailed description of your **conversion experience**:
13. Explain how **you know** that you truly received Jesus Christ as Lord and Savior?
14. Are you plagued by doubts about your salvation and if you were to die tonight, do you know for sure where you would spend eternity? Yes\_\_\_ No\_\_\_ Unsure\_\_\_. **If Unsure, explain what you believe:**
15. Have you been baptized? Yes\_\_\_ No\_\_\_. If so, were you: sprinkled\_\_\_ immersed\_\_\_?
16. Have you received the Baptism in the Holy Spirit? Yes\_\_\_ No\_\_\_. **If Yes, where and when? Explain your experience:**
17. If you have received the Baptism in the Holy Spirit, explain how you know that you have received the baptism in the Holy Spirit?
18. Do you have regular devotions in the Bible by yourself and with others? Yes\_\_\_ No\_\_\_.
19. Are you in fellowship, a bible study group with other believers in Jesus? Yes\_\_\_ No\_\_\_. **If Yes, where and with who**