



HOPOC HEALING ROOMS: DELIVERANCE APPLICATION
PRAYER AGREEMENT & RELEASE OF LIABILITY

The deliverance ministry given in the HOPOC Healing Rooms is a *prayer ministry*. It is considered a form of *pastoral counseling, not professional counseling*. We are lay minister, not licensed as professional counselors. We work with you, only as you choose to work with us.

It is our expectation that God will completely deliver you from spiritual, emotional, and physical problems. However, there is no guarantee in this process, for we cannot control God or promise what He will do. We can only promise that we will do our best to work with God for your good and God's glory.

Typically in deliverance prayers, God brings a push towards wholeness through each session. Often additional work is necessary for a person to attain the complete freedom he/she and God desire. It may be advisable for the person to receive help from a professional counselor as well. We strongly advise this, especially in dealing with dysfunctional habits. It is always beneficial for the person to actively pursue spiritual disciplines such as church attendance, prayer, Bible study and worship.

We are committed to keep confidential whatever you share with me. I am, however, *required by law* to report to appropriate person(s) two kinds of things:

1. Any intent of a person to take harmful, dangerous, or criminal action against another person or against him/herself, or
2. Any act of child or elderly abuse or neglect.

If it appears that such notification needs to be given, that intention will be shared with you first.

In order to provide the appropriate legal protection, I ask that each person sign the following Statement of Release.

I hereby release deliverance ministers and/or Blessed International Revival Center (church and/or all related parties involved) from any liability should this ministry session not live up to my expectations or lead to any spiritual, emotional or physical dysfunction.

There is **no charge** for this ministry...
...but due to the hours our teams invest in helping you to freedom,
...a **donation** is extremely appreciated.
If you want to thank this ministry, make your **tax-deductible check to "Blessed Intl."**

Name (First, Last) _____

Address _____

Telephone _____ Email _____

Sex: Male / Female Age _____

Client Signature _____ Date _____

Minister Signature _____ Date _____

DIAGNOSTIC QUESTIONS

Please describe what problems you are currently struggling with? And what expectations do you have from us in ministry?

What have you done to work on or remedy these problems in the past?

Do you suspect you are demonically oppressed? If yes, why? **Yes / No / Don't know**

RELIGIOUS BACKGROUND

What church do you presently attend, if any? _____

Church attendance (meeting per month): **0 1 2 3 4 5 6 7 8 9 10+**

Are you water baptized? **Yes / No**

Filled with the Holy Spirit? **Yes / No / Don't Know**

Do you believe in God? **Yes / No / Uncertain**

Do you pray to God? **Yes / No**

Do you see God as a loving Father who cares? If no, please explain. **Yes / No / Sometimes**

If you were to die right now, do you know for certain that you would go to heaven? If no, please explain.

Yes / No _____

Are you saved? **Yes / No / Not Sure**

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

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

Do you find praying difficult? If yes, please explain. **Yes / No** _____

When attending Christian meetings are you plagued with foul thoughts, images, jealousies or other mental harassment? If yes, please explain. **Yes / No** _____

Describe any negative spiritual experiences you may have had that would be considered out of the ordinary. _____

Have you ever heard voices or had revolving negative thoughts? If yes, what were they? **Yes / No**

MARRIAGE INFORMATION

Marital status: **Married / Single / Widowed / Divorced**

How many times have you been divorced? _____

How many times have you been married? _____

Briefly describe your previous marriages. _____

Are your parents: **Married / Divorced / Remarried**

If divorced or remarried, please explain. _____

CHILDHOOD INFORMATION

Were you happy as a child? If no, please explain. **Yes / No**

Do you remember your childhood? **Yes / No**

Are there months or years missing from your childhood? **Yes / No**

How was your relationship with your parents/stepparents? Please explain. **Good / Bad / Indifferent**

Did you get along with your siblings? **Yes / No**

Did you experience any rejection from your parents? **Yes / No**

Who carried the authority in your home? **Father / Mother**

Was either parent over-controlling or overly passive? **Yes / No**

Were your parents physically affectionate and verbally affirming with you? **Yes / No**

As a child did you suffer from any of the following (please check):

____ *Violence* ____ *Nightmares* ____ *Excessive fears* ____ *Loneliness*
____ *Molestation* ____ *Incest* ____ *Divorce* ____ *Learning problems*

FAMILY PROFILE

List any addictions (e.g., alcohol, drugs, gambling, sex, eating disorders) in your family.

Does your family have any history of mental or emotional illness? If yes, please explain. **Yes / No**

Any history of family health problems such as cancers, heart problems, or any predisposed genetic diseases? List all. _____

Any family secrets? _____

HEALTH INFORMATION

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

How many hours of sleep do you get per night? _____

Do you have or have you had any of these health issues (please check):

____ *Epilepsy* ____ *Cancer* ____ *Arthritis* ____ *Asthma* ____ *Infertility* ____ *Fibromyalgia*

List any other health problems. _____

Are you presently taking medication? If yes, please list all. **Yes / No** _____

Do you have any addictions? If, yes, please list all. **Yes / No** _____

Have you ever had abortions or miscarriages? **Yes / No**

MENTAL & EMOTIONAL

Have you ever undergone any of the following (please check)?

____ *Psychotherapy* ____ *Counseling* ____ *Prayer Ministry* ____ *Deliverance*

What was the outcome? _____

Have you ever been severely emotionally traumatized? If yes, please explain. **Yes / No**

Have you ever feared that you might be “going crazy?” If yes, please explain. **Yes / No**

In regard to people and their goodness, are you a/an (please check): *Optimist* *Pessimist*

In regard to how life will go for you in the future? *Optimist* *Pessimist*

When expressing your feelings with others, do you feel: *Safe* *Leery and guarded*

Can you trust people close to you? If no, please explain. **Yes / No** _____

Do you have reoccurring negative thoughts about yourself? (i.e., “I am fat.” “I am ugly.” “I’m never going to have money.”) If yes, please explain. **Yes / No** _____

Is there anything that you have done that you can’t forgive yourself for? If yes, explain. **Yes / No**

Do you struggle with not liking yourself? **Yes / No**

Do you have trouble giving love? **Yes / No**

Do you have trouble receiving love? **Yes / No**

Sex outside of God’s will (adultery, fornication, homosexuality, lesbianism, pornography, masterbation, other) has negative consequences in the spirit realm. Ungodly spiritual soul ties (two become one Gen. 2:24) and subsequent curses must be broken.

Ask God to forgive you and to break each soul tie and their effect upon you, and *take the time necessary to list each person:*

DEMONIC ACTIVITY INFORMATION

Do you or have you experienced any of the following problems? Take time to make an honest assessment and check all those that apply. Put (C) for current and (P) for past:

ANGER

- ___ *Anger/wrath*
- ___ *Rage/violence*
- ___ *Hatred*
- ___ *Murderous thoughts*
- ___ *Murder*
- ___ *Cursing*

UNFORGIVENESS

- ___ *Unforgiveness*
- ___ *Resentment/bitterness*
- ___ *Retaliation*

PRIDE AND CONTROL

- ___ *Pride*
- ___ *Inferiority*
- ___ *Perfectionism*
- ___ *Manipulate/control others*
- ___ *Compulsiveness*
- ___ *Obsessions*

JEALOUSY

- ___ *Jealousy*
- ___ *Envy*
- ___ *Covetousness*

SEXUAL

- ___ *Sexual perversion*
- ___ *Fantasy*
- ___ *Lust*
- ___ *Homosexuality*
- ___ *Sex outside of marriage*
- ___ *Pornography*
- ___ *Masturbation*

ABUSE

- ___ *Alcohol abuse*
- ___ *Drug abuse*
- ___ *Eating disorders*

FEAR

- ___ *Fear*
- ___ *Anxiety/worry*
- ___ *Phobias*
- ___ *Panic attacks*

CONDEMNATION

- ___ *Condemnation*
- ___ *Insecurity*
- ___ *Inadequacy*
- ___ *Worthlessness*
- ___ *Rejection*
- ___ *Loneliness*
- ___ *Mistrust*

HURTING SELF

- ___ *Self-hate*
- ___ *Self-accusation*
- ___ *Self-pity*
- ___ *Self-cutting*
- ___ *Suicidal thoughts*
- ___ *Depression*

HURTING OTHERS

- ___ *Gossip/slander*
- ___ *Critical attitude*
- ___ *Skepticism*
- ___ *Lying*
- ___ *Deceitfulness*

UNBELIEF

- ___ *Unbelief*
- ___ *Doubt*

MISCELLANEOUS

- ___ *Stealing*
- ___ *Nightmares*
- ___ *Headaches*
- ___ *Rebellion*
- ___ *Religious spirit*
- ___ *Anti-Christ spirit*
- ___ *Blasphemous thoughts*

Other problems not mentioned? _____

OCCULT ACTIVITY INFORMATION

Have you had any experience in the following occults, cults and religions? Place **(Y)** for yes to all that applies to you and /or **(A)** for ancestors, if any family members have been involved in occult acti

OCCULTS AND RELIGIONS

- Non-Christian religions*
- Kabbalah*
- Idol worship*
- Secret societies*
- Freemasonry*
- American Indian spiritualism*
- New Age*
- Voodoo*
- Wicca*
- Satanism*

MEDITATIONS

- Yoga (Hindu meditation, Chakras)*
- Martial arts meditation*
- Hypnotism*
- Transcendental meditation*
- Guided imagery*

OCCULT ACTIVITIES

- Astrology*
 - Blood pacts*
 - White magic*
 - Black magic*
 - Astral projection*
 - Tattoos*
 - Mind control*
 - Demonic games*
 - Table lifting*
 - Automatic writing*
 - Levitation*
 - Charlie Charlie*
- ### **SPIRITUAL GUIDANCE**
- Seances/channeling*
 - Fortune telling*
 - Spirit or angel guides*
 - Imaginary friends*
 - Palm reading*
 - Mind reading*
 - Seeing/reading Auras*

USE OF OCCULT ITEMS

- Crystal ball*
- Rod or pendulum*
- Eight ball*
- Tarot cards*
- Ouija board*
- Amulets/charms*
- Tea leaves, grounds, bones, etc. (for reading)*
- Mind-altering drugs (for spiritual experiences)*

OCCULT HEALING

- Healing touch therapy*
- Energy healings/pathways*
- Reiki healing*
- Psychic healings*

Other religions or occult activity? Explain: _____

Do you have any occult or religious objects in your home (charms, pagan artifacts, books, dolls, figures, occult symbols, idols etc.)? Get rid of them (Deuteronomy 7:25-26). **Yes / No**

Have you ever visited any occult temples or religious sites (Buddhist, Hindu, Mormonism)? **Yes / No**

Have any of your parents, grandparents, or great-grandparents, to your knowledge, ever been involved in any occult, cult or non-Christian religious practices? _____

Have you ever used illegal drugs or abused legal drugs? Please list all. **Yes / No**

Is someone you know (past or current) cursing you? **Yes / No**

BLOCKS TO FREEDOM

Do you typically blame others for your problems? **Yes / No**

Do you daydream a lot to escape your problems? **Yes / No**

Do you strongly identify and desire to be someone else? **Yes / No**

Do you regularly check out emotionally and refuse to deal or look at your problems? **Yes / No**

Do you rationalize your bad behavior (because of circumstances or the actions of others) and justify your wrong actions? **Yes / No**

Do you take out your frustrations/anger on people who have not hurt you? **Yes / No**

Are you aware of any negative self-vows (i.e., I will never love again. Men and women or not to be trusted. I will never amount to anything. I will always be poor, be rejected, etc.)? _____

Ask God to bring to mind anyone you refuse to talk to, have unforgiveness towards, hate, or have thoughts of revenge towards. Please check all that apply.

Unforgiveness	_____ towards people	_____ towards self	_____ towards God
Hatred	_____ towards people	_____ towards self	_____ towards God
Revenge	_____ towards people	_____ towards self	_____ towards God

Please list all persons that come to mind. _____

Take time to forgive each person on the list above. Take a look at yourself to see if you are consciously or unconsciously seeking your will more than God's.

Record below any thoughts that come to you in this regard.

Is there any information you would like to add not covered in this form?
