

Prayer Ministry Life History

PERSONAL INFORMATION:

Name _____ Phone No. _____ Age _____ Sex _____

Marital Status _____ Education _____ Employment _____

Name of Spouse _____ Length of marriage _____

Spouse's Education _____ Employment _____

Have you ever been separated? _____ Divorced? _____

Brief Explanation _____

Date born again _____

Church presently attending _____

Pastor _____ How long at present church? _____

Previous Church _____ How long did you attend? _____

Church Attendance: Regular _____ Occasional _____

Purpose for seeking ministry? _____

DEVELOPMENTAL & MEDICAL INFORMATION:

Describe your general health during your childhood: _____

How is your health today? (Both physical and emotional) _____

Are you presently receiving medical treatment? Yes ___ No ___

If Yes, for what condition? _____

What medications are you presently taking? _____

Have you ever been in counseling/therapy/mental health care? Yes ___ No ___

When? _____ With whom? _____

Why? _____

Have you ever taken medication prescribed for emotional reasons? Yes ___ No ___

Are you presently taking medication for an emotional problem? Yes ___ No ___

Describe your mother's condition during her pregnancy with you: _____

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Circle any of the following that were problematic during your childhood:

Night terrors Bed wetting Nail biting Stammering
Fears Other: _____

Circle any of the following that you have had a problem with in the past; underline those you are presently dealing with:

Headaches	Weight gain	Nightmares	Depression
Palpitations	Bowel Disturbances	Panic	Suicidal thoughts
Stomach problems	Fatigue	Anxiety	Agitated
Loss of Appetite	Insomnia	Tremors	Restlessness
Sexual problems	Sadness	Hopelessness	Pessimism
Low self-esteem	Lost interest in hobbies/activities	Lethargic	Procrastination
Insomnia	Early morning awakening	Over-sleeping	Difficulty concentrating
Short-term memory problems	Can't shut off thoughts at night	Other: _____	

List medical problems common in your mother's family: _____

List medical problems common in your father's family: _____

FAMILY DATA:

Father's name _____ Current Age: _____

If deceased, when _____ Cause of death _____

Your age at the time of his death _____ Occupation _____

Education _____ Health: Good, Average or Poor

Use 5 descriptive words to describe your father: _____

Please list your father's ethnic background: _____

What was your relationship with your paternal grandparents? _____

Describe your father's relationship with you: _____

Describe his relationship with your mother: _____

Complete these sentences:

As a child, I liked my father because _____

As a child, I disliked my father because _____

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Other information you feel is important about your father: _____

Mother's name _____ Current Age: _____

If deceased, when _____ Cause of death _____

Your age at the time of her death _____ Occupation _____

Education _____ Health: Good, Average or Poor

Use 5 descriptive words to describe your mother: _____

Please list your mother's ethnic background: _____

What was your relationship with your maternal grandparents? _____

Describe your mother's relationship with you: _____

Describe her relationship with your father: _____

Complete these sentences:

As a child, I liked my mother because _____

As a child, I disliked my mother because _____

Other information you feel is important about your mother: _____

SIBLINGS:

List your brothers and sisters in order of birth, including you:

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

Describe your relationship with them? _____

Which child was your father's favorite? _____

Which child was your mother's favorite? _____

In what ways did your father punish you as a child? _____

In what ways did your mother punish you as a child? _____

Did you feel you were unfairly punished? Yes ____ No ____

Did you feel you were listened to as a child? Yes ____ No ____

Did you feel valued as a child by your parents? Yes ____ No ____

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Describe the atmosphere of your home as a child: _____

As a child, who made the major decisions in your home concerning the following?

Finances _____ Children _____

Religion _____ Family relationships _____

Who gave you affection and value as a child? _____

What important values do you feel you learned from your family? _____

Which role best describes you in your family of origin?

___ Hero: The one who worked hard to bring respect to family name.

___ Scapegoat: The one who was usually blamed for family's problems.

___ Surrogate Spouse: The one who became the counselor for the troubled parent or the place of the emotionally absent spouse. Also responsible for the welfare of the other children.

___ Quiet one: The one who never gets in the way or causes trouble, because the family has enough problems already.

___ Clown: The one who used humor to relieve the tension and to escape pain of the home.

What would you consider to be the secrets your family kept from the outside world? _____

Complete the following sentences:

As a child I felt _____

For me school was _____

My favorite teacher was _____ because, _____

My childhood fears were _____

My childhood ambition was to _____

My role in my group of friend's was _____

The one thing I hated about myself as a child was _____

How many times did you move as a child? _____ Your age? _____ At what age did you leave home? _____

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Marriage Data:

Rate your marriage at present (1 = happy, 10 = unhappy) _____

What characteristics attracted you to your spouse? _____

What do you like most about your spouse at the present time? _____

What do you dislike the most about your spouse at the present time? _____

What would you list as major changes in your spouse since marriage? _____

What changes would you like for your spouse to make? _____

In what ways have you changed since your marriage? _____

What changes would you like to make in yourself? _____

Is your sexual relationship satisfactory with both of you? Yes ____ No ____

Why? _____

Who makes the major decisions in your home concerning the following?

Finances _____

Children _____

Religion _____

Activities _____

List the names of your children, oldest to youngest. Also include any miscarriages or abortions.

Name	Sex	Age	Miscarriages/Abortions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your relationship with your children: _____

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Below are listed generational patterns. Please place a check beside the patterns that you have observed in your life in the last year; check the past if you have victory over this area: check parent if you observed this pattern in you parents and check grandparents if this was a pattern in their life.

GENERATIONAL PATTERNS:	Present	Past	Parent	Grandparent
Verbally abusive	_____	_____	_____	_____
Emotionally abusive	_____	_____	_____	_____
Physically abusive	_____	_____	_____	_____
Sexually abusive	_____	_____	_____	_____
Addictions	_____	_____	_____	_____
Chronic illness	_____	_____	_____	_____
Premature Deaths	_____	_____	_____	_____
Suicide	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Divorce, Abandonment	_____	_____	_____	_____
Victimization	_____	_____	_____	_____
Deception, lying, denial	_____	_____	_____	_____
Greed, Covetousness	_____	_____	_____	_____
Poverty, Job failures/loss	_____	_____	_____	_____
Procrastination	_____	_____	_____	_____
Striving, Competition	_____	_____	_____	_____
Controlling, domineering	_____	_____	_____	_____
Perfectionism	_____	_____	_____	_____
People Pleasing	_____	_____	_____	_____
Female Dominance	_____	_____	_____	_____
Male Dominance	_____	_____	_____	_____
Criticalness	_____	_____	_____	_____
Blame shifting	_____	_____	_____	_____
Unforgiveness	_____	_____	_____	_____
Bitterness	_____	_____	_____	_____
Gossiping	_____	_____	_____	_____
Passivity	_____	_____	_____	_____
Laziness/Slovenliness	_____	_____	_____	_____
Manipulation	_____	_____	_____	_____
Pride	_____	_____	_____	_____
Anger	_____	_____	_____	_____
Condemnation	_____	_____	_____	_____
Inferiority	_____	_____	_____	_____
Insecurity	_____	_____	_____	_____
Inadequacy	_____	_____	_____	_____
Legalistic	_____	_____	_____	_____
Envy, Jealousy	_____	_____	_____	_____
Hypocrisy	_____	_____	_____	_____
Occult	_____	_____	_____	_____
Horoscopes, Ouija Board	_____	_____	_____	_____
White Magic, root doctors	_____	_____	_____	_____