



# 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)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Any history of the following?

\_\_\_\_\_ Tuberculosis

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

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Cancer

\_\_\_\_\_ Ulcers

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

\_\_\_\_\_ Epilepsy

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

Describe your family's concern for:

Diet \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exercise \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rest \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **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 \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MENTAL/EMOTIONAL**

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

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

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

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

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

**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 \_\_\_\_\_

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

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

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? \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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
- \_\_\_\_\_ Eckkantar
- \_\_\_\_\_ 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return the signed forms to:

- Pastor Joshua Craig, MA, The Director of The Freedom & Healing Center.
- You may also mail them to *The Harvest P.O. Box 29993, Thornton, CO 80229.*
- You may also email the signed form to: *josh@graftedin.com*

Once we receive the signed forms, we will contact you to schedule a 1-2 hour ministry session.