

PRE-DELIVERANCE FORM
SPIRITUAL HISTORY
CONFIDENTIAL

Please complete the Pre-Deliverance form to help our deliverance team prepare for your session. Rest assured that all information you provide will be kept strictly confidential and will only be viewed by those directly involved in your personal ministry. Please send the form back to us after completion: info@counterculturechurch.com.

To prepare for your session(s), we encourage you to engage in prayer and fasting. Additionally, please wear comfortable clothing and bring water, as the session may be lengthy. Please note that each individual's journey is unique, and multiple sessions may be required. Appointments are available on two evenings each week, which can lead to longer wait times. If you're able to come during weekdays, we can assist you in scheduling an appointment much more quickly.

Thank you for your cooperation. We look forward to supporting you on this journey and trusting in the Holy Spirit.

PERSONAL DETAILS:

Date: _____

Full Name & Surname: _____

Date of Birth: _____

Address: _____

_____ Postal Code: _____

Cell Phone no.: _____

Email address: _____

Occupation: _____

Are you a Christian? Yes No Uncertain

Best time to meet: Week Days Week Nights

SPIRITUAL HISTORY:

Have you been in counselling? If yes, give details. _____

Briefly describe what brings you to deliverance ministry now?

Please Check the Issues that applies to you:

<input type="checkbox"/>	Fear & Anxiety	<input type="checkbox"/>	Chronic Illness
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Anger
<input type="checkbox"/>	Drug Addiction	<input type="checkbox"/>	Insomnia
<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	Low Self-Esteem
<input type="checkbox"/>	Pill Addiction	<input type="checkbox"/>	Homosexual tendencies
<input type="checkbox"/>	Grief / Loss	<input type="checkbox"/>	Sexual Abuse
<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	Sexual fantasies
<input type="checkbox"/>	Unforgiveness / Bitterness	<input type="checkbox"/>	Pornography
<input type="checkbox"/>	Loneliness	<input type="checkbox"/>	Emotional Abuse
<input type="checkbox"/>	Feelings of not being good enough	<input type="checkbox"/>	Pre-Marital Sex
<input type="checkbox"/>	Feelings of guilt and shame	<input type="checkbox"/>	Hopelessness

Abortion		Feelings of self-hatred
Suicidal tendencies		Feelings of rejection
Anger towards God		Doubt & Unbelief
Blasphemous thoughts		Compulsive thoughts
Do you feel a need to always be in control		Lustful thoughts
Manipulation		Rebellion
Perfectionist		Insecurity
Racism, feelings of hate towards other groups		Deep feelings of bitterness towards others such as Christian leaders, churches, jews, other races, etc.
Compulsive thoughts of suicide or murder		Abnormal and perverted sexual desires
Questions and challenges to God's Word		Sudden surges of violent rage, uncontrollable anger, or feelings of hostility
Seizures of panic or other fear that is terrifying		Dizziness, blackouts or fainting seizures
Hatred of authority		Involvement in criminal activity
Constant confusion in thinking (sometimes great difficulty in remembering things)		Inability to believe, even when the person wants to
Mocking and blasphemous thoughts against preaching / teaching of the Word of God		Perceptual distortions - perceiving anger, hostility in others when it doesn't really exist
Feelings of being watched or sensing an evil presence		Irrational fears
Irrational guilt		Desire to do what is right (inability to carry it out)
Sudden personality and attitude changes (Severe contrast)		Lying, Exaggerating or stealing compulsively (often wondering why)
Irrational laughing or crying (Bi-polar disorder)		Extreme restlessness
Vulgar language or cussing		Schizophrenic behaviour (i.e. hallucinations-hearing voices, extreme paranoia)

Do you have difficulty forgiving? Yes No

Have you suffered from self harm? Yes No

Do you have any objects in your home or possession that relate to ungodliness, cults, other religions? Example: Books, jewellery, idols, new age, crystals, African artefacts, heavy metal music, occult or witchcraft items, etc. Yes No

If yes, please explain:

Have you ever felt a presence in your room? Yes No

If yes, please explain:

Do you have nightmares? Yes No

Do you hear voices? Yes No

If yes, please explain:

Have you been diagnosed by a doctor as having: (list any diagnosis, diabetes, asthma, chronic illness, etc.) Yes No

If yes, please explain:

Do you have any inexplicable pain. No medical explanation for it? Yes No

If yes, please explain:

Please Check the Issues that applies to you:

<input type="checkbox"/>	Inward perception of a separate personality, name or voice.
<input type="checkbox"/>	Fearful, repetitive night visitations by an evil presence.
<input type="checkbox"/>	Difficulty participating in prayer; agitation, nausea, anger, rebellion, etc.
<input type="checkbox"/>	Uncontrolled thoughts/impressions, e.g., sexual perversion, cursing, violence.
<input type="checkbox"/>	Uncontrollable compulsive behaviors: sexual sin, anger, chemical indulgence.
<input type="checkbox"/>	Preoccupation with thoughts of death, despair and hopelessness.
<input type="checkbox"/>	Uncontrollable, irrational, paralyzing fear.
<input type="checkbox"/>	Unusual, non-typical emotional expressions, e.g., laughter, sadness, crying, anger.
<input type="checkbox"/>	Extreme nervousness or negative reactions at the mention of the name of Jesus.
<input type="checkbox"/>	Psychic abilities, clairvoyance, divination; feeling of having "special powers."

Please describe any additional factors that led you to suspect spiritual oppression.

Do you have difficulty in trusting others? Yes No

If yes, please explain:

Has there been a a death of someone close to you? Yes No

If yes, please explain:

Do you have any eating disorders? Yes No

If yes, please explain:

Do you suffer from sleep disorders? Yes No

If yes, please explain:

Check and complete all that apply:

_____ I don't remember being loved physically as a child (hugs, being held, etc.)

_____ My parents divorced when I was a child. I was years old: _____

_____ I had no father growing up because of (circle one): death / divorce / pre-occupation.

_____ One of my parents/friends committed suicide. I was years old: _____

_____ I suffered abuse from a non-parental family relationship.

_____ Please identify the relationship: _____

_____ I was sexually abused as a child. By whom? _____

I experienced a severe trauma (e.g., house fire, accident, sexual abuse, abuse, tragedy). Please explain.

Other crisis (describe briefly):

Have you ever participated in any witchcraft or Occult activities? (Harry Potter books, magic books, Ouija boards, horoscopes, astrology, black arts, fortune telling, magic, Tarot cards, etc.) If so please explain.

Are there any divorce in your family? If so please explain.

Religious background in childhood (describe briefly):

Have you ever had any interest in any other religions than Christianity? If so please explain.

What do you think may be the areas of demonic influence in your life?

When you attend church do you have any negative emotions towards church or the people?
When you are at church do you have foul thoughts, jealousies, or other mental harassment?

Yes No

Do you have any difficulty retaining God's word? Yes No

Do you have migraine headaches? Yes No

Have you ever been diagnosed with a learning disability (A.D.D.)? Yes No

Do you have a fear of death? Yes No

Consent:

I hereby affirm that I give my full consent to the Deliverance Ministry of Counter Culture Church (151-930 NPO) and all its volunteers to provide spiritual counseling, personal ministry, and deliverance ministry to me.

I understand that the ministers involved, whether licensed or lay, are not licensed psychotherapists, mental health professionals, or certified counselors. All guidance and advice I receive will be based solely on Scriptural principles and the teachings of the Holy Bible.

I acknowledge that all ministry is conducted under the direction of the Holy Spirit, and that no guarantees can be made regarding my healing or deliverance.

I confirm that I have voluntarily sought this ministry and was not coerced into doing so.

I hereby release the Deliverance Ministry of Counter Culture (151-930 NPO) and its volunteers from any and all claims of liability that may arise now or in the future as a result of the ministry I receive.

I also understand and give consent that all sessions might be recorded for both security and educational purposes and that these recordings are kept private.

Signed at _____ (location).

Name & Surname: _____

Identity no. _____

Signature

Date

In the case of a person under the age of 18:

Name of Parent or legal Guardian if person filling out the form is under the age of 18:

Name & Surname: _____

Signature of parent or legal guardian

Date