



Lion's Light International Innerhealing/Deliverance Intake Form

1. This is a personal inventory for individuals who have a relationship with Jesus Christ. It would be beneficial to have Christian accountability through church, small group and or bible study. As you share your heart on the following pages, we want to assure you that we are concerned with confidentiality...both with the inventory and anything you might share in counseling sessions. This material will be destroyed within six months after completion of counseling sessions with the Lion's Light ministry team.
2. As a Christian Ministry we use lay counselors and pastoral staff. We do not have professionally trained psychologist or psychiatrists on staff and make no representations in those areas. If need be we can refer you to other professionals.
3. Counseling sessions are scheduled for 60-90 minutes usually once per week unless other arrangements have been made. A lead counselor and one additional person to maintain ministry integrity attend our counseling sessions if possible. Sometimes we might add additional counselors for training purposes or if we believe that it might be helpful and more effective to the ministry. We require that they all be pre-approved by the Lion's Light staff, Christians and in agreement with this kind of ministry.
4. There are two requirements to complete before your first counseling session. First, we ask that you fill out this form thoroughly and return it one week prior to your counseling session. Second, please pray, for God to give wisdom and direction during your counseling session. Please record any thoughts, ideas, visions or dreams that might be pertinent to your counseling sessions. Often God will give us our direction in this manner.
5. Financially, this is a Christian ministry and is entirely supported by the donations of individuals who desire to see you and others like you experience the freedom that Christ promises. We accept cash, credit cards, Venmo, Zelle, CashApp, PayPal & checks made out to Lions's Light International.

I have read and agree to complete the above instructions

Name

Date

Personal information

Background

Full name as shown on Birth Certificate - add married name if appropriate _____

Date of Birth _____ Age _____ Age when saved _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Work _____ Cell _____

Email _____ Other _____

Referred By _____

Church affiliation: _____

Vocation; _____

Education: _____

Marital Status Single __ Married __ Divorced __

Spouses' name; _____

If you are divorced list full names of ex-spouse (s)

Children Full name on birth certificates(if adopted give biological names of father and mother)

Personal Health

1. Do you have any addictive problems, compulsions or eating disorder?

2. Do you have any history of mental illness?

3. Please describe any physical illnesses

4. Are you taking any medication:? Please explain

Relationship with Spouse

1. Do you love your spouse _____
2. Husbands: Do you demonstrate Biblical love for you wife. Would you die for her needs? _____
3. Wives: Do you demonstrate your love for your husband by respecting him, submitting to him and obeying his biblical decision in leadership. _____
4. How do get along with your spouse? _____

Emotions

1. Do you have trouble giving and receiving love? _____
2. Please state below under age the first age in which you experienced difficulty in any of these areas. If the emotional area is a current struggle, please check the item.

Example:

Frustration

5 ✓

Age? Present?

Age? Present?

Frustration	_____	_____	Bitterness	_____	_____
Anger	_____	_____	Depression	_____	_____
Anxiety	_____	_____	Loneliness	_____	_____
Worthlessness	_____	_____	Hatred (self)	_____	_____
Hatred (others)	_____	_____	Daydreaming	_____	_____
Worry	_____	_____	Lustful thoughts	_____	_____
Doubts	_____	_____	Headaches	_____	_____
Blasphemous Thoughts	_____	_____	Compulsive thoughts	_____	_____
Dizziness	_____	_____	Skepticism	_____	_____
Obsessive thoughts	_____	_____	Thoughts of inadequacy	_____	_____
Apathy	_____	_____	Other _____	_____	_____

Fear of

Suicide	_____	_____	The dark	_____	_____
Death	_____	_____	Hurting another	_____	_____
Failure	_____	_____	Mind loss	_____	_____
Rape	_____	_____	Authority figures	_____	_____

Satan or evil spirits	_____	_____	Enclosed spaces	_____	_____
	Age?	Present?		Age?	Present?
Crowds	_____	_____	Being alone	_____	_____
Choking	_____	_____	Open spaces	_____	_____
Violence	_____	_____	Water/Swimming	_____	_____
Old age	_____	_____	Insects	_____	_____
Snakes	_____	_____	Flying	_____	_____
Pain	_____	_____	Heights	_____	_____
Behavior patterns					
Impatience	_____	_____	Irritability	_____	_____
Temper (anger, rage)	_____	_____	Racial prejudice	_____	_____
Legalism	_____	_____	Moodiness	_____	_____
Violence	_____	_____	Rebellion	_____	_____
Lying	_____	_____	Stealing	_____	_____
Vengeance	_____	_____	Manipulation	_____	_____
Stubbornness	_____	_____	Self-centeredness	_____	_____
Religious pride	_____	_____	Anti-Semitism	_____	_____

3. Do you struggle with modern idolatry (cars, appearance, sports, work-a-holic)?

4. Would you consider yourself an optimist or a pessimist?

5. Do you have a problem with stealing?

6. Do you have a problem with lying?

6. Describe any unhealthy sexual patterns.

8. Are there any people you can't stand to be around?

9. Have you ever murdered anyone? Who? Why?

10. Have you ever been sexually molested?

11. Have you ever been involved with abortion?

Spiritual History

1. Do you know where you are going to spend eternity? _____

2. What is the basis for your salvation. How does Jesus fit into your salvation?

3. Were you baptized as a believer? _____ Infant _____

4. Are you plagued by doubts about your salvation? _____

5. Is repentance and confession a part of your Christian life? _____

6. Are you presently in fellowship in a church? _____ A small group? _____
Please list your church membership/affiliation

7. How do you feel about your church?

8. Do you read the Bible regularly? _____

9. Do you pray regularly? _____ Does God answer your prayers? _____

10. At church do you have spiritual resistance? (foul thoughts, jealousies, blasphemous thoughts)

11. Do you feel that God has called you into ministry?

12. Describe any religious experiences that you consider out of the ordinary?

Cult history:

1. Describe the spiritual history of your family (personal, parents, spouse, grandparents, etc)

2. Have you ever owned or worn charms, fetishes, amulets, idols, Buddhas, dream catchers etc.

3. Have you, family or ancestors ever been involved in any of the following occultic activities?
Please circle any that apply.

Astral projection	New age medicine
Astrology	Ouija board
Attempting to swap minds or spirits	Palm reading
Automatic writing	Power games or activities
Black or white magic	Praying to saints
Blood pacts or cutting in a destructive way	Rod and pendulum
Bloody Mary (slumber party game)	Satan worship
Channeling	Seances or conjuring up spirits
Clairvoyance	Speaking in a trance
Dungeons and dragons	Speaking to, or calling up ghosts

Extra Sensory Perception (E.S.P.)	Spirit guides
Fetishism or lucky charms (objects of worship)	Spoon bending or other mental power games
Fortune telling	Subliminal tapes
Hypnosis	Table lifting
Incantations, spells, vapors, powders, or elixirs	Tarot cards
Incubi & succubae spirits (sexual spirits)	Tattoos
Karate, Taekwondo, or other martial arts	Telepathy
Mary Worth	Unholy or satanic music
Materialization	Voodoo
Mental suggestions	Witchcraft, sorcery, or sacrifices

4. Do you have any personal, family or ancestral background in any of the following spiritual disciplines. Please circle any that apply.

American Indian worship	Mormonism and the teachings of Joseph Smith
Masons, Shriners, Demolay, Job's daughters, Eastern Star, Rainbow Girls, Knights of Columbus, other Masonic groups	Mysticism
Animism	New Age practices, philosophy, and medicine
Atheism, Agnosticism, Gnosticism, Materialism, Paganism, Skepticism, Stoicism other humanistic philosophies	Pantheism
Black Muslim Church or Teachings	Psychological teachings & values
Boston Church of Christ	Religious Science
Children of God	Church of Religious Science
Metaphysics	Scientology or the teaching of L. Ron Hubbard
Christian Science	Silva Mind Control
Church of "I Am" and any "I Am"	Spiritism
Church of New Jerusalem	Spiritual Inner Awareness
Church of the Living Word	Spiritualism
Church of Today	Taoism
Confucianism	The teachings of Herbert Armstrong and Garner Ted Armstrong
Eckankar	The teachings of Tony Robbins
EST & The FORUM	The Way International
Father Divine	Theosophical Society
Hare Krishna	Transcendental Meditation
Hinduism	Unification Church

International Order of the Rosicrucians and any other Rosicrucian teachings	Unitarianism
Islam or Islamic teachings	Unity Church
Jehovah's Witnesses	Universalism
L.A. Church of Christ	Yoga
Lifespring	Zen Buddhism; other Buddhist teachings

5. Do you have any Masonic regalia or memorabilia in your possession?

6. Have you ever been hypnotized?

7. Have you ever been involved in martial arts?

8. Do you have a spirit guide or imaginary friend? Does Jesus speak to you?

9. Do you have any piercing, mutilations or tattoos?

10. Have you ever heard voices?

11. Have you ever been involved in Satanic rituals? Please explain

Family Information:

1. Is your father living? _____

2. Is your mother living? _____

3. Are your parents married or divorced? _____

Briefly explain their relationship

4. Was father clearly the head of the house? Explain

5. Do you have any step-brothers or sister:? List and explain relationship.

6. During your first 12 years describe the harmony or disharmony in your home

7. Please describe any specific problems with any family member

8. Describe relationship of parents

9. Describe any addictions, symptoms or compulsive behavior in your family

10. Any additional comments
