

THE SOZO CENTER OF FATHER'S HOUSE

DELIVERANCE / INNER HEALING MINISTRY

Information Form

Date: _____

Name: _____, _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ E-mail: _____

DOB: _____ Presently: Single Married Widowed Divorced

Spouse's Name: _____

Employer: _____ Occupation: _____

How did you hear about us? _____

Did someone refer you? Yes No If yes, who? _____

Where do you presently attend Church? _____

Pastor: _____ How long have you attended there: _____

Did you attend church as a child or teen: y / n If so, where: _____

Do you have a personal relationship with Jesus? Yes No Date of Salvation _____

Have you been baptized in the Holy Spirit, with the evidence of speaking in tongues? Yes No

If not, would you like to pray to receive the baptism of the Spirit according to Acts 19:2

And he asked them, Did you receive the Holy Spirit since you believed [on Jesus as the Christ]?

Acts 1:5 For John baptized with water, but not many days from now you shall be baptized with the Holy Spirit.

Have you ever received ministry for deliverance or inner healing before? Yes No

If yes, where did you receive deliverance / inner healing ministry and what was covered at that time?

Please give any information that the Holy Spirit brings to your mind. Examples would be involvement with the occult, sexual perversion, alcoholism, depression or mental disorders, divorce, adultery, anger, criminal activity, births out of wedlock, involvement in groups such as Free Masonry, Eastern Star, Rainbow Girls, etc.

Have you ever been involved in the Occult? If so, please describe: _____

Note: Ask the Holy Spirit to show you any area of concern and do not feel you need to go into detail with any of your responses.

Any spoken words from parents, or others that were condemnation ie "You're fat, you're stupid, you'll never amount to anything, you always mess up, I don't know why we had you. You can't be in our group, etc embarrassing or humiliating experiences at school or from school teacher?

Any physical abuse from parents or others?:

Any sexual abuse, or sexual embarrassment through childhood?: _____

Early childhood fears, injuries, nightmares, see things in your room, felt evil presence?: yes / no

Please list accidents or injuries as being frightening to you at the time: _____

Health : Do you consider your health: **good** **average** **poor**

Are you presently on medication and if so, for what: _____

Any health areas you need healing in: _____

Please briefly describe what has brought you to Sozo today: _____

Would you be willing to share with us your praise report of Healing and deliverance? yes no