**Fields in Harvest, Inc.**

**Questionnaire**

***Roger and Robin Fields***

***3462 Lonesome Pine Rd.***

***Whitakers, NC 27891***

***Phone: 252-469-6629***

**CONSENT FORM FOR PRAYER MINISTRY**

I, (     ), understand that this ministry is based on religious beliefs and is not recognized by the secular field of psychology as a method for the resolution of psychological problems.

I also understand that the prayer session will be conducted by Roger and/or Robin Fields or other prayer ministers who have been or are being trained in prayer ministry.

 I recognize that this step of faith has been helpful for many, but that no conclusions are guaranteed. I understand that I might experience heightened emotions and memories that were previously unknown or unresolved, that neither I nor anyone else knew about in advance. I understand that there is a possibility that one of more of these memories may be screened or false. I will not hold any of the participants responsible for my memories or behaviors.

 I give my consent for this prayer session and am in no way being forced, pressured, or coerced to submit to this form of ministry from any person or entity. I also have the right to terminate the session at any time without penalty.

I understand that the prayer minister or ministry team reserves the right to terminate the session at their discretion.

My signature is an acknowledgment that I have been informed of my rights and have had the opportunity to obtain whatever information or professional advice I deemed necessary or appropriate prior to undergoing prayer ministry.

Click the shadowed space and fill in.

**Date:**/  /

**Client’s Signature:**

**Address:**

**City: State: Zip Code:**

**Phone Number: Home**: **Cell:**

**E-Mail Address:**

**Referred by:**

 PRAYER MINISTRY QUESTIONNAIRE

NAME:

AGE:

 WHERE WERE YOU BORN?

MARRIED: DIVORCED: IF SO, HOW MANY?

SPOUSE’S NAME (IF APPLICABLE):

NUMBER OF CHILDREN:

WITH WHOM ARE YOU NOW LIVING?

OCCUPATION:

EMERGENCY CONTACT: NAME:

PHONE NO#: AND RELATIONSHIP TO CLIENT:

STATUS OF PARENTS: \_LIVING \_ DECEASED \_DIVORCED

STEP-PARENT (s): YES \_ NO\_

PARENT’S RELIGIOUS BACKGROUND: FATHER: MOTHER:

NUMBER OF CHILDREN IN CHILDHOOD FAMILY:

YOUR BIRTH ORDER: \_ WERE YOU ADOPTED: YES \_ NO\_

WERE YOU OR ANYONE IN FAMILY CONCEIVED BEFORE MARRIAGE YES \_\_ NO\_\_

RELATIONSHIPS TO SIBLINGS: GOOD\_ BAD\_ DISTANT\_

RELATIONSHIPS TO PARENTS IN CHILDHOOD: PLEASE HIGHLITE IN YELLOW YOUR ANSWER

FATHER: GOOD, BAD, PRESENT, ABSENT

MOTHER: GOOD, BAD, PRESENT, ABSENT

HAS THERE BEEN ANY SIGNIFICANT CHANGE IN ANY OF THESE RELATIONSHIPS?

\_\_

HIGHLITE IN YELLOW ANY OF THE FOLLOWING THAT APPLY TO YOUR CHILDHOOD?

NIGHT TERRORS, BED WETTING, SLEEP WALKING,   INCEST

NAIL BITING; UNHAPPY CHILDHOOD; STUTTERING OF SPEECH

EXCESSIVE FEAR; \_ PROBLEMS LEARNING; \_ SEXUAL ENCOUNTERS;\_

LONELINESS; \_ MOLESTATION; \_ BROKEN HOME; \_ REMOVED FROM HOME; \_

 ORPHANED; \_ABANDONED TO OTHER FAMILY MEMBERS; \_

DURING THE FIRST 18 YEARS OF YOUR LIFE, HOW WOULD YOU DESCRIBE THE

ATMOSPHERE IN WHICH YOU WERE RAISED: GOOD \_ MORAL \_ DIFFICULT \_ BAD\_

 IS THERE ANY KNOWN FREEMASONRY OR WORSHIP OF OTHER GODS? YES \_ NO \_

 HAVE YOU RECEIVED ANY MINISTRY IN THIS AREA? YES \_ NO \_

TO YOUR KNOWLEDGE, HAS THERE BEEN ANY INVOLVEMENT IN ANY OCCULTIC, CUTLIC OR

NON-CHRISTIAN RELIGIOUS PRACTICES BY YOUR PARENTS, GRANDPARENTS, GREAT-

GRANDPARENTS OR ANY OTHER FAMILY MEMBERS: YES \_NO \_

(IF SO PLEASE EXPLAIN)

ARE YOU PRESENTLY INVOLVED WITH A CHURCH OR MINISTRY? YES \_ NO \_

NAME OF CHURCH ORORGANIZATION.

ANY PAST CHURCH OR RELIGIOUS INVOLVEMENT THAT YOU WOULD LIKE US TO KNOW

ABOUT.

DO YOU STRUGGLE WITH OR HAVE DIFFICULTY CONTROLLING ANY OF THE FOLLOWING? (PAST OR PRESENT) PLEASE HIGHLITE EACH ANSWER YELLOW

*DAYDREAMING \_ LUSTFUL THOUGHTS \_ WORRY \_ DOUBTS \_ FANTASY\_*

*OBSESSIVE THOUGHTS \_ ANXIETY* *\_ INSECURITY \_ DEPRESSION\_*

*COMPULSIVE THOUGHTS \_ ANGER \_ DIZZINESS \_ HEADACHES \_ FRUSTRATION \_*

*HATRED \_* *BITTERNESS \_ LONELINESS \_ FEAR OF THE DARK \_ JEALOUSY\_*

*PORNOGRAPHY \_* WORTHLESSNESS *\_ BLASPHEMOUS THOUGHTS \_*

*FEAR OF COMMITTING SUICIDE \_ FEAR OF HURTING LOVED ONES\_*

*FEAR OF DEATH\_ NIGHT TERROR\_S SLEEP WALKING\_*

 *ENCOUNTERS WITH SHADOWS IN THE NIGHT\_ FREQUENT NIGHTMARES\_*

**MEDICAL HISTORY**

ARE YOU CURRENTLY UNDER DOCTOR’S CARE: YES\_ NO\_ PSYCHIATRIST: YES\_ NO\_

 THERAPIST OR COUNSELOR: YES\_ NO\_

 ANY CURRENT DRUG THERAPY: YES\_ NO\_

EVER HOSPITALIZED FOR EMOTIONAL PROBLEMS: YES\_ NO\_

 IF SO, WHEN AND FOR HOW LONG:

ANY STREET DRUG USAGE\_\_ IF SO, WHEN AND FOR HOW?

ANY ALCOHOLISM: YES\_ NO\_ IF SO, WHEN AND FOR HOW LONG

ANY MAJOR SURGERY; YES\_ NO\_   HOW MANY?

REASONS:

HAVE THERE BEEN ANY ABORTIONS? YES\_ NO\_ IF SO, HOW MANY?

HAVE THERE BEEN ANY MISCARRIAGES? YES\_ NO\_ IF SO, HOW MANY?

**SPIRITUAL HISTORY**

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH GOD?

DO YOU HAVE REGULAR DEVOTIONAL TIME IN THE BIBLE? YES \_ NO\_

DO YOU FIND PRAYER DIFFICULT?

WHAT TYPE OF MUSIC DO YOU MOST ENJOY?

HOW MANY HOURS OF TV DO YOU WATCH PER WEEK?

(IF THERE ARE ANY DREAMS, THOUGHTS, MEMORIES OR VISIONS THAT COME TO MIND PRIOR TO YOUR SESSION, PLEASE WRITE THEM DOWN ON THE LAST PAGE OF THIS QUESTIONAIRE) THANK YOU

I understand that this questionnaire will be seen only by the Prayer Ministers and the Ministry Team.

*TYPING IN YOUR NAME IN THE SIGNATURE BELOW IS YOUR ACKNOWLEDGEMENT THAT YOUHAVE READ AND UNDER STAND THE TERMS OF MINISTRY FROM FIELDS OF HARVEST, INC.*

 SIGNATURE: DATE:

Roger and Robin Fields Fields of Harvest, Inc. 3462 Lonesome Pine Rd. Whitakers, NC 27891

Information Page

 Briefly share the reason for requesting ministry with us: