

*Spring Of Hope  
Prayer-Counseling Ministry*

*230 S. Potomac Street*

*(717) 762-0234*

*Waynesboro, PA 17268*

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**PRE-MINISTRY HISTORY**

**Purpose:**

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions as fully and accurately as you can, you will save time and allow for positive, meaningful discussion. You are requested to answer these routine questions on your own time, instead of using up your actual counseling time.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. Case records are strictly confidential.

No outsider, not even your closest relative or family member or family doctor is permitted to see your case record without your written permission.

**Important:**

If you do not desire to answer any question, write, "Do not care to answer." Also, if some particular question does not apply to you, simply write "N/A" in the space provided.

**SECTION I: PERSONAL HISTORY**

Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Email \_\_\_\_\_

Sex: M / F    Age: \_\_\_\_\_    Birth date: \_\_\_\_\_    Marital Status: \_\_\_\_\_    Today's Date: \_\_\_\_\_

Education: Circle last completed:

Grade school: 1 2 3 4 5 6 7 8    High school: 9 10 11 12    College: 1 2 3 4    Other: \_\_\_\_\_

Physical health:    Very Good \_\_\_\_\_    Good \_\_\_\_\_    Average \_\_\_\_\_    Declining \_\_\_\_\_

List significant past illnesses, injuries, handicaps, etc. \_\_\_\_\_

Have you used drugs other than for medical purposes? Y / N    What? \_\_\_\_\_

Have you had psychotherapy or counseling? Y / N    When? \_\_\_\_\_    From whom? \_\_\_\_\_

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

What is the main problem, as you see it? \_\_\_\_\_

What are your goals in coming for prayer counseling? \_\_\_\_\_

What have you done to improve the problem? \_\_\_\_\_

As you see yourself, what kind of person are you? \_\_\_\_\_

List three significant relationships (friends, family, etc.) \_\_\_\_\_

Is there any other information that would be helpful for us to have? \_\_\_\_\_

How strongly do you want healing from your problem? (circle one)

Very strong                      Strong                      Somewhat strong                      Could do without, if necessary

When you called Spring of Hope Ministries, did you already know who you wanted to be your counselor?

Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Who referred you to Spring of Hope Ministries? \_\_\_\_\_

*Please Circle One:* Natural parents; Adoptive Parents; Foster Parents; Adoptive Foster Parents

**SECTION II: FAMILY HISTORY** Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Father Deceased \_\_\_

Mother Deceased \_\_\_

Your age: When parents separated \_\_\_ At time of divorce \_\_\_ At time of Adoption \_\_\_

At time of mother's death \_\_\_ At time of father's death \_\_\_

You lived with: Mother \_\_\_ Father \_\_\_ Other \_\_\_ How long? \_\_\_\_\_

Father remarried when you were age \_\_\_ You lived with \_\_\_\_\_

Mother remarried when you were age \_\_\_ You lived with \_\_\_\_\_

How did stepparent relate to you? (kindly, poorly, affectionately, little discipline, etc.) \_\_\_\_\_

Natural father's occupation \_\_\_\_\_

Natural mother's occupation \_\_\_\_\_

Stepfather's occupation \_\_\_\_\_

Stepmother's occupation \_\_\_\_\_

How many times was your father married? \_\_\_\_\_ Your mother \_\_\_\_\_

Rate your parents' marriage: Unhappy \_\_\_ Average \_\_\_ Happy \_\_\_ Very Happy \_\_\_

Their marriage lasted \_\_\_\_\_ years.

Rate your father's second marriage: \_\_\_\_\_

Rate your mother's second marriage: \_\_\_\_\_

Rate your childhood life: \_\_\_\_\_

You left home at what age? \_\_\_\_\_

List your brothers and sisters (including step-brothers/sisters) in line of succession, indicating sex and age:

[e.g. John (male), 23 yrs.; Joan (female), 21 yrs; (me) 15 yrs.; Sue (female).] \_\_\_\_\_

Describe the relationship you had with your brothers and sisters (good, jealous, loving, etc.) \_\_\_\_\_

Describe relationships with natural parents: \_\_\_\_\_

Describe relationships with step/foster parents: \_\_\_\_\_

List present interests, hobbies (e.g. Internet, sports, movies, etc.) \_\_\_\_\_

How do you spend your spare time? \_\_\_\_\_

Were you or any member of your family knowingly involved in the occult (e.g. astrology, superstitions, horoscopes, New Age thinking, Masons, etc.)? \_\_\_\_\_

If so, who and what type? \_\_\_\_\_

**SECTION III: MARRIAGE INFORMATION**

Name of Spouse \_\_\_\_\_ Age \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Describe your spouse's personality. \_\_\_\_\_

Is spouse willing to come for prayer counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_

Have either of you filed for divorce? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of this marriage \_\_\_\_\_

Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Give brief information about any previous marriages or "live-in" relationships: \_\_\_\_\_

Broken by: Divorce \_\_\_\_\_ Death \_\_\_\_\_ Other \_\_\_\_\_

Circle areas in your marriage that need improvement: financial, sexual, spiritual, husband's leadership, wife's role, child training, other (please specify). \_\_\_\_\_

**SECTION IV: INFORMATION ABOUT CHILDREN**

PM	Name	Age	Sex	Where Living & Occupation	Marital Status

\*Check PM column if children are by previous marriage

**SECTION V: RELIGIOUS BACKGROUND** (If you do not attend church, please go to “Section VI”)

Church affiliation \_\_\_\_\_ Pastor's name \_\_\_\_\_

Pastor/Church phone (\_\_\_\_) \_\_\_\_\_ Does pastor know you're seeking help? \_\_\_\_\_

Spouse's church affiliation \_\_\_\_\_ Does spouse know you're seeking help? \_\_\_\_\_

What is your relationship with God? \_\_\_\_\_

Explain recent changes in your religious life, if any \_\_\_\_\_

**SECTION VI: OTHER INFORMATION**

If someone other than the person requesting the prayer-counseling session is filling in this pre-ministry form please fill in your name and relationship to the one requesting prayer-counseling:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do we have your permission to call your listed home telephone number the day prior to your appointment to remind you of your appointment? Yes \_\_\_ No \_\_\_

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**MINISTRY RELEASE AND DISCLAIMER FORM**

You have a right to know: Disclosure, Information and Agreement

The purpose of this counseling ministry is for healing of the heart and personal growth. Our team members are trained in using the Word of God and prayer through the power of the Holy Spirit. The results of this approach depend on the willingness of the individual to make wise choices consistent with the teaching of Jesus Christ. Spring of Hope is not a psychological counseling service, nor is it intended to be. I understand that the team members are not licensed psychologists or psychiatrists. While all of our prayer counselors are trained by the Elijah House schools, most of our Prayer Counselors have gone on to continue their education in counseling.

I further understand that according to I Corinthians 6:1-8 we should refrain from suing each other and that all healing prayer ministry is being undertaken with the understanding that we will abide by that scriptural premise. Accordingly, I understand that it would be counterproductive to the wellbeing of the parties participating in counseling and prayer ministry for information and discussion generated during the counseling sessions to be released to any court or attorney for the purpose of litigation. The release of such information sabotages the therapeutic relationship and does not foster an environment which would be beneficial to the therapeutic process. I hereby agree that I will not request such information for any litigation purpose, and I will not cause any court to issue any subpoena or other order for any counselor in this ministry to testify on my behalf in any case. Furthermore, I agree that the records generated by this counseling ministry based on my participation in the ministry are confidential, and that the counseling ministry can properly refuse to testify and/or to release such information to any attorney, custody evaluator appointed by the court, or any other officer of the court without court order.

All personal information gathered in the course of a prayer counseling session is confidential, and the files are so maintained. I do hereby give permission for the prayer counselor to consult with other members of the counseling team as is needed (names are not used).

**Supervision of Children:** It is our policy that children are not permitted in the waiting room without supervision, nor are they permitted to be in the counseling session unless they are a part of the scheduled appointment.

Intern Counselor Training is a part of our commitment to the task of restoration and transformation to individuals and families. As you are participating in the counseling sessions, you may have the opportunity to be working with your prayer counselor and a qualified intern who has been assigned. Please be assured that we always adhere to a strict policy of confidentiality, which includes the interns working with counselees.

To comply with legal regulations, any planned or recently attempted suicide, threats, child abuse, elder abuse, dependent person abuse, severe psychosis or severe emotional dysfunction, or criminal behavior will be reported to the proper authorities.

I, \_\_\_\_\_ understand the foregoing information concerning this ministry. I have sought this ministry of my own free will and all personal information I reveal is given voluntarily in order to facilitate the team members working with me.

This counseling ministry is supported through giving. Although we are non-profit, we recommend that each client contribute a donation for services rendered. Our suggested minimum donation is \$60-75 per session; however donations given beyond this will be greatly appreciated. Counselees may seek financial assistance from their church, employer or other sources.

Make checks payable to Spring of Hope Ministries.

**If you are unable to keep this appointment time, please contact the Spring of Hope office 24 hours prior to appointment time to re-schedule another appointment!**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name