

Places In The Fathers Heart

Reigning with the heart of a servant and serving with the heart of the Father

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Welcome to Places In The Father's Heart Prayer Ministry.

Our primary purpose in prayer ministry is to see each individual face himself/herself and then face God openly and honestly. Whether you are just beginning your healing journey or you are well into the process, your continued spiritual growth often hinges on how transparent and receptive you are in your journey.

We believe that everyone should take some time for the purpose of participating in personal prayer ministry. Realizing that we all carry some measure of baggage, we should not wait until we have a crisis, rather we should actively pursue our healing journey with the Lord. We do not provide ministry to those who are currently in rehab programs or on prescription drugs.

At Places In The Father's Heart we will provide a safe place for you to receive Holy Spirit led prayer ministry focused to expose strongholds and root issues. We then apply the healing grace of Jesus, the power of the Holy Spirit and the love of the Father for problem resolution. We minister to the whole man ~ spirit, soul and body. We recommend if you are married that you both apply and come as a couple.

You should expect to initially take two to three days for your ministry sessions with five hours each day set aside for ministry and follow up by Skype as necessary. For those coming here, we can refer you to local lodging. Ministry sessions are provided in the comfort and safety of our home. For those unable to travel to our location, we also provide effective prayer ministry by computer via Skype to qualified applicants. These sessions are by appointment for 1 hr each. Prayer ministry is offered on a love offering basis. We ask each applicant to seek the Lord and ask for His direction concerning what they are to share with Places In The Father's Heart and how often, and then be obedient to His instruction. For your convenience you can go to our [here](#) to make your donation. Application for prayer ministry can be made by filling out the Life History Form and the two release forms. The *Release of Liability Form for Prayer Ministry Services* must be **signed by the applicant and notarized** by a licensed Notary Public. The completed documents should be sent to Places In The Father's Heart, P.O.1993, Bayfield, CO 81122. Your application will be reviewed for acceptance and if accepted, you will be contacted by our office to arrange your appointment schedule. Should your application be denied, someone will contact you and we will return your Life History Form.

We are not licensed, professional counselors. We are people just like you who are in the process of our own healing journey. We are School of the Holy Spirit trained and have had 36 years of ministry experience. In addition, we have studied with Alfred H. Eills, MC and founder of Leaders That Last Ministries™, Mesa, AZ, the late John and Paula Sandford founders of Elijah House Ministries; and Arthur Burk of Plumblin Ministries and Sapphire Leadership Group, Anaheim, CA. We graduated in 2004 from Imparting The Father's Heart School of Ministry and traveled extensively with the late Jack Frost.

We do not have all the answers, only Father does. We are delighted to refer you to others more qualified when we see that as necessary. Our goal is to see you healed and free, always directing you to Father and His unconditional love for you.

Resting in the Father's Embrace,

Roger and Gerri

Revised 06/2018

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LIFE HISTORY FORM

PURPOSE

The purpose of this life history form is to obtain a comprehensive picture of your background. By completing these questions as fully and accurately as you can, you will facilitate your prayer ministry program. **Please write or print legibly** and use the back side of the sheet for more writing space if necessary. Write "N/A" if the question does not apply to you.

Date: _____

GENERAL INFORMATION

Name _____ Age _____

Address _____ Phone _____

Email Address: _____ Occupation/Employer _____

How did you learn about Places In The Father's Heart? _____

Church Attendance: (circle one) Regular Occasional Never Church you attend: _____

What has your experience with the organized church been like? _____

With whom are you now living? (List people, their names, ages). _____

Marital Status (circle one) Single Engaged Married Remarried Divorced Widowed

How strongly do you want help with your problems? (circle one) Very much Much Moderately Could do without

PRESENTING CONCERN

You can help us save time by explaining in your own words your problem. Please be as specific as possible. A few particular examples of how the problem comes up would be valuable. In your own words, what is the nature of your biggest problem? _____

DEVELOPMENTAL INFORMATION

Date and place of birth: _____

Approximately how many times did your family move when you were young? _____

How many times have you moved since you left home? _____ Your age when you left home? _____

Childhood:

Were you a planned child? Yes No Unknown

Revised 06/2018

Were you the 'right' sex? Yes No Unknown

Were you conceived out of wedlock? Yes No Unknown

Were you adopted? Yes No Unknown

Did your mother suffer any trauma during her pregnancy? Yes No Unknown

Did you have a complicated birth? Yes No Unknown

Were you and your mother bonded at birth? Yes No Unknown

Were you a breast-fed baby? Yes No Unknown

Were there any fearful or traumatic instances in your childhood? Yes No

If yes, please explain. _____

Underline any of the following that apply during your childhood: Night terrors Bed wetting Sleepwalking

Thumb sucking Nail biting Stammering Fears Happy childhood Unhappy childhood.

Health:

Health during childhood: _____

List childhood illnesses: _____

Health during adolescence: _____

List adolescence illnesses: _____

Do you have any physical disabilities? _____

Explain how these disabilities relate to your present condition: _____

When was the last time you felt well, both physically and emotionally for a fair amount of time? _____

Underline any of the following that apply to you:

Headaches Dizziness Fainting spells Palpitations Stomach trouble No appetite Bowel disturbances Fatigue
Insomnia Nightmares Take sedatives Alcoholism Feel tense Feel panic Tremors Hormone imbalance Depressed
Suicidal ideas Drugs Smoking Unable to relax Sexual problems Unable to have good time Don't like weekends and
vacations Overambitious Shy with people Can't make friends Feel lonely Can't make decisions Can't keep a job
Inferior feelings Home conditions bad Financial problems Trouble with law enforcement
Other _____

EDUCATION

Last grade completed: _____ Degrees _____ Dates _____

Were you ever bullied or given a nick name? Please explain: _____

Do you make friends easily? Yes ___ No ___ Do you keep them? Yes ___ No ___

SEXUAL INFORMATION

Revised 06/2018

What are/were your parents' attitudes towards sex. (For example, was there sex instruction or discussion in the home?)

When and how did you derive your first knowledge of sex? _____

When did you first become aware of your sexual impulses? _____

Did you ever experience any anxieties or guilt feelings or trauma arising out of masturbation? Yes ___ No ___ If yes, please explain _____

Did you ever experience any anxieties or guilt feelings or trauma arising out of sexual experience with the opposite sex? Yes ___ No ___ If yes, please explain _____

Did you ever experience any anxieties or guilt feelings or trauma arising out of sexual experience with the same sex (homosexuality)? If yes, please explain: _____

Is there any question or concern you have about sex past, present or future, or with sexual identity? Yes ___ No ___

Have you ever looked at pornography? Yes ___ No ___ Internet, Pictures, Magazines, TV Shows, X-Rated Movies

Have you ever engaged in any of the following sexual deviations:

Sex Fantasy ___ Masturbation ___ Homosexuality (Men) ___ Lesbianism (Women) ___ Perverted Sex ___ Incest ___
Adultery ___ Fornication (Sex before marriage) ___ Lust ___ Bestiality ___

MARITAL HISTORY

How many times have you been married? _____

How long did you know your present mate before engagement? _____ How long were you engaged? _____

How long have you been married? _____

Please describe something you like about your mate. _____

Please describe something that you dislike about your mate. _____

Please describe something your mate likes about you. _____

Please describe something your mate dislikes about you. _____

In what areas are you most compatible? _____

In what areas are you most incompatible? _____

On a scale of 1 to 10 (1 is the lowest & 10 the highest) rate your level of communication with your spouse:

1 2 3 4 5 6 7 8 9 10 Briefly explain: _____

How do you get along with your in-laws? Please include brothers-in-law and sisters-in-law: _____

Give specific examples of those things you would like to see your spouse do more often: _____

Give three specific examples of things that most irritate you that you would like to see your spouse stop doing:

1. _____
2. _____
3. _____

How many children do you have? ____ Please list names, ages and sex:

FAMILY DATA

List all brothers and sisters from oldest to youngest, including yourself. Please list in birth order, including miscarriages or abortions that you know of: _____

What is your relationship with your brothers and sisters?

Past: _____

Present: _____

FATHER

"Father" here means the man who took primary responsibility for raising you. If that is a different person than your biological father, please describe what you know of your biological father on the backside of this page.

Father's name: _____ Current age: ____

Occupation: _____ Health: Good Average Poor

If deceased, what was the cause of death and age at time of death: _____

Describe your relationship with your father during your childhood: _____

Did he spend quality time alone with you? Yes ___ No ___ Why or why not and how did that make you feel towards him?

How did that make you feel about yourself? _____

How would you describe your father's personality, temperament, and character? _____

Describe your father's relationship with your mother? _____

Did your father treat women with respect? Yes ___ No ___

How was your father's relationship with his children? (e.g. close, loving giving, distant, absent) _____

What was your father's ambition for his children? _____

Did your father have a favorite child? Yes ___ No___ If yes, which one? _____

Did your father criticize you or others? Yes ___ No___ If yes, in what ways? _____

How did you handle it when he criticized you? (i.e. did you clam up, argue, make excuses, promise yourself to try harder, defend yourself, give up). _____

Describe what you liked most and least about your dad: _____

Summarize the most hurtful things he ever did or said to you: _____

How do you think this affected your self-perception? _____

Describe how your relationship with your father (good or bad) has had a positive or negative effect on how you perceive yourself, others, and life in general: _____

On a scale of 1 to 10 (1 the least – 10 the most) tell us how much expressed love you received from your father. How much touching, hugging, embracing, rocking and verbal affirmations did you receive?

Circle One 1 2 3 4 5 6 7 8 9 10

MOTHER

"Mother" here means the woman who took primary responsibility for raising you. If that is a different person than your biological mother, please describe what you know of your biological mother on the backside of this page and describe your mother here.

Mother's name: _____ Current age _____

Occupation: _____ Health: Good Average Poor

If deceased, cause of death and age at time of death: _____

Describe your relationship with your mother during your childhood: _____

Did she spend quality time alone with you? Yes ___ No ___ Why or why not and how did that make you feel towards her?

How did that make you feel about yourself? _____

How would you describe your mother's personality, temperament, and character? _____

Describe your mother's relationship with your father? _____

Did your mother treat men with respect? Yes ___ No ___
How was your mother's relationship with her children? (e.g. close, loving giving, distant, absent) _____

What was your mother's ambition for her children? _____

Did your mother have a favorite child? Yes ___ No___ If yes, which one? _____

Did your mother criticize you or others? Yes ___ No___ If yes, in what ways? _____

How did you handle it when she criticized you? (i.e. did you clam up, argue, make excuses, promise yourself to try harder, defend yourself, give up). _____

Describe what you liked most and least about your mom: _____

Summarize the most hurtful things she ever did or said to you: _____

How do you think this affected your self-perception? _____

Describe how your relationship with your mother (good or bad) has had a positive or negative effect on how you perceive yourself, others, and life in general: _____

On a scale of 1 to 10 (1 the least – 10 the most) tell us how much expressed love you received from your mother. How much touching, hugging, embracing, rocking and verbal affirmations did you receive?

Circle One 1 2 3 4 5 6 7 8 9 10

HOME

In what ways were you disciplined by your parents as a child? _____

Give your impression of your home atmosphere when you were a child: _____

Are you/were you able to confide in your parents? Yes ___ No ___ Briefly explain: _____

Did your parents provide guidance and direction concerning the important issues in life (i.e. moral choices, education, relationships, sex, dating, church, work, career, health, finances, etc) ? In what areas would you have liked them to have given you more guidance and direction? _____

Did your parents divorce? If so, how old were you when this occurred? Yes ___ No ___ What age? _____

If you were not brought up by your parents, who did raise you and between what years? If you were raised by your parents, were there other parental figures in your life? Yes ___ No ___ If yes, please explain _____

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc? _____

Do any members of your family suffer from alcoholism, drug addiction, or anything which can be considered a 'mental disorder'? Yes ___ No___

Do you or other members of your family 'keep family secrets'? Yes ___ No ___

Do you remember any problems with jealousy in your family? Yes ___ No ___

Has shame ever been an issue in your family? Yes ___ No ___

Did you rebel against your parents' authority while you were living at home? Yes ___ No___

If yes, please explain giving your age and what you feel caused your rebellion: _____

In your opinion, have your parents' (or anyone else) ever abused you? Yes ___ No ___

If yes, how? _____

Please complete the following sentences:

As a child, I: _____

For me, school was/is: _____

My childhood fears were: _____

My childhood ambitions were: _____

My role in my group of friends was: _____

The significant events in my physical & sexual development were/are: _____

The significant events in my social development were/are: _____

The most important values in my family were/are: _____

What stands out most for me about my family is: _____

SELF DESCRIPTION

On a scale of 1 to 10 (1 the lowest 10 the highest) what is your opinion of yourself?

Circle One 1 2 3 4 5 6 7 8 9 10

In what kinds of situations do you most readily lose self-control? Give particular instances if at all possible.

Examples might be temper, uncontrollable crying, impatience, etc. _____

In what situations are you best able to maintain self-control? _____

Give a word picture (description) of yourself as you would be described by:

Your spouse: _____

Your best friend: _____

Your worst enemy: _____

Yourself: _____

SPIRITUAL LIFE

Are you born again? If yes, please describe your experience including your age at that time. _____

Have you received the Holy Spirit since you believed? Please describe your experience. _____

How is your relationship with your Heavenly Father? _____

In your opinion, how does Jesus differ in personality from the Heavenly Father? _____

Are you striving, struggling, or pushing to do more in your walk with God? Yes ___ No ___

Have you ever been frustrated or hopeless or want to give up in your Christian walk? Yes ___ No ___

Have you ever felt burned out in your Christian walk? Yes ___ No ___

Do you feel like a slave for God or a child of God? Slave ___ Child ___

What are your goals for your Christian life and how do you plan to achieve those goals? _____

Do you know what your primary and secondary redemptive gifts are according to Romans Chapter 12? Yes ___ No ___

Please list them if you know what they are: _____

Do you struggle with feelings of being unloved? Yes ___ No ___

Have you ever had symptoms of Dyslexia? ADD? ADHD? Yes ___ No ___

Have you ever been diagnosed with Dissociative Identity Disorder or DID? Yes ___ No ___

Have you ever been diagnosed as Satanically Ritualistically Abused or SRA? Yes ___ No ___

Have you ever had a death wish or wanted to commit suicide? Yes ___ No ___

If yes, please explain: _____

Have you ever struggled with depression or emotional/spiritual crashes? Yes ___ No ___ If yes, are you currently on medication? Yes ___ No ___

Have you ever been diagnosed with schizophrenia? Yes ___ No ___ If yes, are you currently on medication?

Yes ___ No ___

Do you have any type of incurable or debilitating disease? Yes ___ No ___ If yes, please explain: _____

Do you know of any way your parents seemed to be dissatisfied with you? Yes ___ No ___

If yes, please explain: _____

Please give 2 or 3 descriptive words for each of the following: (Note: we are not looking for what you would like each one to be, but what each one means to the little child in you. For example, was home a place of love, peace and safety or...? Was Daddy loving, kind and always there for you? Was mom loving, kind and understanding or?)

HOME _____

MEN _____

WOMEN _____

CHILDREN _____

MARRIAGE _____

LIFE _____

JESUS _____

HOLY SPIRIT _____

FATHER GOD _____

RELATIONSHIPS _____

INTIMACY _____

Do you perform for love and acceptance? Yes ___ No ___

Are you aware of any unconfessed, secret sin in your life? Yes ___ No ___ If yes, are you willing to discuss it, repent and receive forgiveness for it? Yes ___ No ___

Are you aware of any bitterness, resentment, or unforgiveness towards anyone in your life? Yes ___ No _____. If yes, are you willing to deal with these issues now? Yes ___ No ___

Have you or anyone in your immediate family ever been involved in the occult or witchcraft in any way? Yes ___ No ___

Have you or anyone in your immediate family ever been involved with:

Fortune Telling ___ Séances ___ Palm Readers ___ Tarot Cards ___ Ouija Boards ___ Handwriting Analysis ___ Horoscopes ___ Automatic Writing (blanking out your mind) ___ TM (False religious way of meditation) ___ Occult Games (such as Dungeons & Dragons) ___ Masonic Lodge (Eastern Star, Demo lay, Rainbow Girls) ___ Other _____

Have you ever participated in:

Levitation ___ Mind Control ___ Mental Telepathy or Clairvoyance ___ Voodoo, Spells ___
White Magic (wart removed by rubbing, blow in mouth to heal thrash) ___ Other Occult practices ___

Have you submitted to, or been involved in:

Hypnosis (including dental or medical) ___ Psychic Healing ___ ESP ___ Non-Christian Exorcism ___

Have you ever had any type of supernatural experience: Yes ___ No ___ If yes, please explain: _____

Have you ever taken any of these:

Illicit Drugs ___ Marijuana ___ Addictive Pain Killers ___ Alcohol ___ LSD ___
Addictive Diet Pills ___ Pep pills ___ Addictive Sleeping Pills ___ Others not listed here: _____

Are you presently taking any kind of medication (prescription, OTC or natural products) for medical or psychological reasons? If so, please list them and their purpose here: _____

Have you ever read books on meta-physics (contacting God with the mind rather than the spirit.)?

New Age ___ Christian Science ___ Silva ___ Scientology ___ Religious Science ___
Hare Krishna ___ Others _____

Have you ever been or are you now angry with God? Yes ___ No _____. If yes, why? _____

Have you ever had an abortion, or have you ever been a party to an abortion? Yes ___ No ___

Have you been raped or was there ever a time in your life when you thought you were going to be raped? Yes ___ No ___

Have you ever been abused or beaten by your husband/wife or by any other person? Yes ___ No ___

Have you ever taken a secret oath or been a part of a secret organization? Yes ___ No ___

Have you ever made a blood pack? Yes ___ No ___

Have you ever denied the Divinity, Virgin Birth, or Resurrection of Christ? Yes ___ No ___

Have you been subject to compulsive habits (things you do over and over again and wish you didn't)?

Manipulation ___ Daydreaming ___ Gossip ___ Lying ___ Stealing ___ Cursing ___
Using food to dull emotional pain ___ Gambling ___ Other _____

Have you been subject to frequently occurring negative emotions?

Abandoned ___ Angry ___ Bad ___ Rejected ___ Jealous ___ Guilty ___ Hopeless ___ Fearful ___ Helpless ___
Lonely ___ Depressed ___ Inadequate ___ Inferior ___ Insecure ___ Insignificant ___ Stupid ___ Nobody ___
No good ___ Self-condemning ___ Unaccepted ___ Unloved ___ Unwanted ___ Unimportant ___ Other _____

Tell us what previous counseling and/or prayer ministry you have had, what areas were covered and what, in your opinion, were the results? _____

COPING MECHANISMS

Review the following list of coping mechanisms that we use to keep us living independent from God. Check any of the mechanisms that have been a pattern in your life as a means to meet your needs for acceptance, security, and significance, or a means to cope, succeed or survive.

- | | | |
|---|---|---|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Gluttony | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Greed | <input type="checkbox"/> Rebellious |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Gossip | <input type="checkbox"/> Resentful |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Hateful | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Idolatry | <input type="checkbox"/> Revengeful |
| <input type="checkbox"/> Avoid intimacy | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Avoid others | <input type="checkbox"/> Impure thoughts | <input type="checkbox"/> Sarcastic |
| <input type="checkbox"/> Blame others | <input type="checkbox"/> Indecisive | <input type="checkbox"/> Seductive behavior |
| <input type="checkbox"/> Boastful | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Self-condemning |
| <input type="checkbox"/> Bossy | <input type="checkbox"/> Intimidate people | <input type="checkbox"/> Self-depreciation |
| <input type="checkbox"/> Busyness | <input type="checkbox"/> Introspective | <input type="checkbox"/> Self-hatred |
| <input type="checkbox"/> Complacent | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Self-indulgence |
| <input type="checkbox"/> Compulsive | <input type="checkbox"/> Irritable | <input type="checkbox"/> Self-justification |
| <input type="checkbox"/> Conceited | <input type="checkbox"/> Jealous | <input type="checkbox"/> Self-pity |
| <input type="checkbox"/> Control others | <input type="checkbox"/> Lazy | <input type="checkbox"/> Self-righteous |
|
 | | |
| <input type="checkbox"/> Controlled by emotions | <input type="checkbox"/> Loner | <input type="checkbox"/> Self-serving |
| <input type="checkbox"/> Covetousness | <input type="checkbox"/> Lying | <input type="checkbox"/> Self-sufficient |
| <input type="checkbox"/> Crave intimacy | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Selfish ambition |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Materialistic | <input type="checkbox"/> Sensuality |
| <input type="checkbox"/> Deceptive | <input type="checkbox"/> Moody | <input type="checkbox"/> Sexual Fantasy |
| <input type="checkbox"/> Defensive | <input type="checkbox"/> Negative | <input type="checkbox"/> Sexual lust |
| <input type="checkbox"/> Deny feelings | <input type="checkbox"/> Obsessive thoughts | <input type="checkbox"/> Silent treatment |
| <input type="checkbox"/> Deny reality | <input type="checkbox"/> Opinionated | <input type="checkbox"/> Slanderous |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Overly submissive | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Dominance | <input type="checkbox"/> Sensitive to criticism | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Drug dependency | <input type="checkbox"/> Passive | <input type="checkbox"/> Temper |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Passive-aggressive | <input type="checkbox"/> Trouble receiving love |
| <input type="checkbox"/> Envy | <input type="checkbox"/> People-pleaser | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> False modesty | <input type="checkbox"/> Possessive | <input type="checkbox"/> Vanity |
| <input type="checkbox"/> Exaggeration | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Fear | <input type="checkbox"/> Prejudice | <input type="checkbox"/> Workaholic |
| <input type="checkbox"/> Fear of failure | <input type="checkbox"/> Pride | <input type="checkbox"/> Worrier |

GENERATIONAL PATTERNS

Please place a check beside the patterns that you have observed in your life. Check your parents and/or grandparents if you observed this pattern in their lives.

GENERATIONAL PATTERNS:	Your Present	Your Past	Your Parent(s)	Your Grandparent(s)
Verbally abusive	_____	_____	_____	_____
Emotional abusive	_____	_____	_____	_____
Physically abusive	_____	_____	_____	_____
Sexually abusive	_____	_____	_____	_____
Addictions	_____	_____	_____	_____
Chronic Illness	_____	_____	_____	_____
Premature deaths	_____	_____	_____	_____
Suicide	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Divorce, Abandonment	_____	_____	_____	_____

Victimization	_____	_____	_____	_____
Deception, lying, denial	_____	_____	_____	_____
Greed, Covetousness	_____	_____	_____	_____
Poverty, Job failures/loss	_____	_____	_____	_____
Procrastination	_____	_____	_____	_____
Striving, Competition	_____	_____	_____	_____
Controlling, domineering	_____	_____	_____	_____
Perfectionism	_____	_____	_____	_____
People Pleasing	_____	_____	_____	_____
Female Dominance	_____	_____	_____	_____
Male Dominance	_____	_____	_____	_____
Criticalness	_____	_____	_____	_____
Blame shifting	_____	_____	_____	_____
Unforgiveness	_____	_____	_____	_____
Bitterness	_____	_____	_____	_____
Gossiping	_____	_____	_____	_____
Passivity	_____	_____	_____	_____
Laziness/Slovenliness	_____	_____	_____	_____
Manipulation	_____	_____	_____	_____
Pride	_____	_____	_____	_____
Anger	_____	_____	_____	_____
Condemnation	_____	_____	_____	_____
Inferiority	_____	_____	_____	_____
Insecurity	_____	_____	_____	_____
Inadequacy	_____	_____	_____	_____
Legalistic	_____	_____	_____	_____
Envious, jealous	_____	_____	_____	_____
Hypocrisy	_____	_____	_____	_____

Do you see any habitual, destructive patterns in your life or in your generations? (i.e. health problems, financial problems, sexual problems) Yes ___ No ___ If yes, please explain: _____

We know from experience it takes time and effort to fill out this questionnaire. We also know from experience that it can bring up painful events and memories. Please be encouraged as you diligently seek to be healed through the Father's love, and know that your efforts are appreciated and will pay great dividends. Remember, wounded people wound people. Healed people heal people and free people free people! Healing and restoration is a process and we are ALL in that process if we want to be.

~You're Almost Finished~

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PERSONAL PRAYER MINISTRY RELEASE FORM

PLEASE READ CAREFULLY BEFORE SIGNING

Welcome to Places In The Father's Heart, Inc. Prayer Ministry. We want to help you identify and begin to resolve hindrances in your life that may be preventing you from believing and receiving the awesome love the Father has for you and the manifestation of the life of Jesus in and through you.

Our Prayer Ministers are not licensed counselors, but the lead ministers have over 34 years training in prayer ministry. They are people like you who have had their own difficulties in experiencing an intimate relationship with the Father, with Jesus and with the Holy Spirit. They have been through similar sessions and are even now in the process of walking free of their own hindrances.

Prayer ministry is offered on a love offering basis. I understand that it is my responsibility to seek the Lord and ask for His direction concerning what I am to share with Places In The Father's Heart and how often, and then I commit to being obedient to His instruction. I agree to have the prerequisite reading of Father's Love, The Heart of Marriage, and Love Hunger completed before my first ministry session. (These eBooks are free and downloadable [HERE](#).) I also agree to work diligently on all homework assigned during my ministry sessions.

Please respect our time and yours by keeping your appointment. If you are unable to keep your appointment, please cancel as early as possible. Prayer ministry will not be covered under most health insurance policies. Please understand that because of the demand for ministry and the limited time slots available, it may be difficult to get an appointment quickly. A waiting list is available. If a slot cannot be arranged, we will refer you to other possible ministry sources.

Prayer ministry is not intended for those who are in crisis and in of need immediate medical attention. We do not minister to those who are currently being treated for chemical dependency.

We would appreciate any feedback you have about your sessions. Please email your comments and/or your testimonies to info@placesinthefathersheart.org. May we use your testimonies in our newsletters, brochures and on our webpage? Yes ___ No ___. Use my name _____. Please make mine anonymous_____.

I have carefully read and fully understand and agree to the above information.

X Name (please print) _____

X Signed _____

Date _____

PLEASE COMPLETE AND RETURN THE **LIFE HISTORY FORM** AND THE **RELEASE OF LIABILITY FORMS** TO:

Places In The Father's Heart, Inc.,
P O Box 1993
Bayfield, CO 81122

AFTER REVIEW OF YOUR FORMS, SOMEONE FROM OUR OFFICE WILL CONTACT YOU.

Places In The Fathers Heart

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RELEASE OF LIABILITY FOR PRAYER MINISTRY SERVICES STATE OF COLORAD, COUNTY OF LaPLATA

FOR AND IN CONSIDERATION OF Places In The Father's Heart, Inc. of Bayfield, Co (HEREAFTER CALLED PITFH) provision of ministerial and prayer services, the undersigned, being legally competent and fully authorized and empowered to do so, does hereby RELEASE, ACQUIT, AND FOREVER DISCHARGE PITFH AND ALL PARTICIPATING PRAYER MINISTERS CONNECTED WITH SAID MINISTRY, from any and all actions, causes of action, claims, demands, damages, costs, loss of service, expenses and compensation on account of any and all known and unknown personal injuries, mental anguish or agitation, and damage claims to person or property resulting from or arising out of or related to ministerial services and prayer provided by PITFH and/or agents, representatives and/or employees in any way affecting the undersigned parties.

By law, there are certain situations in which information about individuals undergoing such ministry may be released with or without their permission. These situations are as follows:

1. Where children are physically abused, neglected, or sexually abused, the proper authorities must be notified.
2. In emergency situations where there may be danger to the client or others as with homicide or suicide, confidentiality may be broken.
3. If a court of law issues a legitimate subpoena relating to a child abuse case, we are requested by law to provide the information specifically described in the subpoena.
4. If an unreported life-threatening felony has been committed, we are required by law to report it to the police.

Before warning or notifying anyone, PITFH will first take all possible steps to share that intention with the undersigned parties.

The undersigned parties fully understand that the ministerial services to be provided are Biblical in nature, and they freely enter into such ministerial services with full knowledge of the nature of the services they are about to receive. The undersigned parties further state that they are accepting the proceeding of their own free will and accord, and have not been unduly influenced or persuaded by anyone to participate in this prayer ministry. The undersigned parties state that they are seeking guidance and ministry from PITFH of their own free will, and fully understand that all prayer ministry is advisory in nature and that decisions and actions taken by said undersigned parties based on anything said by PITFH prayer ministers are ultimately their own decisions and actions, and that said undersigned parties take full responsibility for their own decisions and actions.

The undersigned further AGREE to indemnify, and hold harmless PITFH and its Board of Directors, agents, and employees from any and all claims and damages of every kind to person or property arising out of or attributed to the spiritual, psychological, and/or mental problems which brought the undersigned to PITFH, or experience by the undersigned at any point after the date of this release.

IT IS FURTHER UNDERSTOOD AND AGREED that this waiver and release constitutes an admission and acknowledgment by this undersigned that they have received no warranty, guarantee, or promise of any particular result either expressed or implied, from PITFH, its agents, representatives, employees, or Board of Directors. The undersigned parties acknowledge and agree that the very nature of their problem(s) is necessarily such that no specific result(s) can be promised or warranted by any such ministry.

This release contains the entire agreement between the parties hereto, and the terms of this waiver and release are contractual and not a mere recital. The undersigned further states they have carefully read the foregoing release, know the contents thereof, and sign the same of their own free act and deed.

PLEASE SIGN THESE DOCUMENTS BEFORE A NOTARY PUBLIC.

SIGNED ON THIS _____ day of _____, AD, 20____, at _____, _____.

X BY (PRINT AND SIGN) _____

Notary Public Signature Witness Page

I have witnessed the signing of the *Personal Prayer Ministry Release Form* (page 14) and the *Release of Liability for Prayer Ministry Services* (page 15).

Sworn/affirmed to and subscribed before me on this _____ day of _____, 20_____

Personally known [] or Produced identification []

Type of Identification produced _____

(Signature of Notary Public)

(Printed Name of Notary Public)

County _____ State _____

My commission expires:

Month _____ Day _____ Year _____

(Notary Seal)