



Healing the Heart Prayer Ministry

You were created to be whole and free! This premise is foundational to the prayer ministry offered at Life Center Ministries. Today you can choose life and begin your journey to real freedom in Jesus Christ. *It is for freedom that Christ has set you free! (Galatians 5:1)*

Our goal as prayer ministers is to facilitate this process by the examination of the fruit in your life. Through the ministry of the Holy Spirit, bad fruit can be traced to bad roots, i.e., judgments, inner vows, unforgiveness, resentments, and lies adopted into our belief systems earlier in life. During the prayer sessions, the Blood of Jesus, the Cross, and the Resurrection of our Lord Jesus Christ are all applied to the deep wounds and practices of the heart. Healing and wholeness result as we allow *God's faithfulness to complete the work He has already begun in you. (Philippians 1:6)*

If you are interested in receiving prayer ministry, please complete the attached forms and return to Life Center Ministries. Upon receipt of these forms, a prayer minister will contact you to schedule your initial appointment. Please note that a **24-hour notice** is requested for any necessary appointment changes. We do ask that you schedule your next appointment at the close of each session.

We have seen greater success in the outcome of our efforts when those receiving ministry value what they receive. By making a donation into this ministry, you demonstrate your commitment to the healing process. A suggested donation of **\$50.00 per hour** for individual sessions **or \$100.00 per hour** is recommended for team sessions. All are welcome regardless of financial status. Donations for services rendered are not tax deductible. Please note that we do not accept insurance, and we do reserve the right to refuse service if we perceive abuse of service or grace extended. We strongly believe that as you take responsibility for your healing, God will release blessing and honor into your life.

The prayer ministry at Life Center Ministries is dedicated to bringing wholeness to the lives of individuals in the name of Jesus Christ. Our trained and experienced team has a heartfelt desire to see people come to genuine freedom. By facilitating the process of sanctification through personal prayer ministry and teaching, we have witnessed remarkable transformations through the power of the Holy Spirit. **We extend to you this same hope for change, a hope that does not disappoint because the love of God has been poured out in our hearts. (Romans 5:5)**

**Please mail attached forms directly to:
Life Center Ministries
411 S. 40th Street
Harrisburg, PA 17111**

Confidential

GENERATIONAL DELIVERANCE MINISTRY QUESTIONNAIRE

Name_____ Date_____

Address_____ Age_____

City_____ State_____

Phone (H)_____ (C)_____ (W)_____

NUMBER OF CHILDREN IN CHILDHOOD FAMILY_____

YOUR POSITION IN THE CHILDREN 1 2 3 4 5

RELATIONSHIP TO FATHER IN CHILDHOOD GOOD_____ BAD_____ INDIFFERENT_____

RELATIONSHIP TO MOTHER IN CHILDHOOD GOOD_____ BAD_____ INDIFFERENT_____

RELATIONSHIP TO SIBLINGS GOOD_____ BAD_____ INDIFFERENT_____

CIRCLE WHICH APPLIED TO YOU IN CHILDHOOD:

NIGHT TERRORS

BED WETTING

SLEEP WALKING

INCEST

NAIL BITING

UNHAPPY CHILDHOOD

STAMMERING

EXCESSIVE FEAR

PROBLEMS LEARNING

LONELINESS

MOLESTATION

SEXUAL ENCOUNTERS

BROKEN HOME

REMOVED FROM HOME

INAPPROPRIATE TOUCH

STATUS OF PARENTS

ALCOHOLIC

USED DRUGS

DIVORCED

SEPARATED

DECEASED (M) (F)

RELIGIOUS BACKGROUND

MOTHER_____ FATHER_____

PERSONAL HISTORY

CHURCH AFFILIATION: PAST_____ PRESENT_____
BORN AGAIN_____ DATE_____ WATER BAPTISM_____
CHURCH BAPTIZED IN_____

MARITAL STATUS MARRIED SEPARATED DIVORCED SINGLE WIDOWED

NUMBER OF CHILDREN_____

NUMBER OF PREVIOUS MARRIAGES_____

WITH WHOM ARE YOU NOW LIVING_____

DO YOU HAVE REGULAR DEVOTIONS IN THE BIBLE_____

DO YOU FIND PRAYER DIFFICULT_____

FAVORITE TYPE OF MUSIC_____ HOW MUCH PER DAY_____

HOURS OF TELEVISION WATCHED PER WEEK_____

ARE YOU ADOPTED_____

HAVE YOU EVER ATTENDED A NEW AGE SEMINAR OR PARTICIPATED IN A SÉANCE_____

DESCRIBE ANY SPIRITUAL EXPERIENCES CONSIDERED OUT OF THE ORDINARY _____

TO YOUR KNOWLEDGE, HAVE ANY OF YOUR PARENTS, GRANDPARENTS, OR GREAT-
GRANDPARENTS EVER BEEN INVOLVED IN ANY OCCULTIC, CULTIC OR NON-CHRISTIAN
RELIGIOUS PRACTICES _____

CIRCLE WHAT YOU HAVE BEEN STRUGGLING WITH, EITHER PAST OR PRESENT

DAYDREAMING LUSTFUL THOUGHTS WORRY FANTASY
THOUGHTS OF INFERIORITY THOUGHTS OF INADEQUACY DOUBTS INSECURITY
OBSESSIVE THOUGHTS COMPULSIVE THOUGHTS DIZZINESS HEADACHES
BLASPHEMOUS THOUGHTS

CIRCLE WHICH EMOTIONS YOU HAVE OR HAVE HAD DIFFICULTY CONTROLLING

FRUSTRATION FEAR OF DEATH ANGER LONELINESS
FEAR OF LOSING YOUR MIND FEAR OF COMMITTING SUICIDE
ANXIETY FEAR OF HURTING LOVED ONES WORTHLESSNESS
HATRED BITTERNESS

MORAL CLIMATE IN WHICH YOU WERE RAISED _____

	OVERLY PERMISSIVE	PERMISSIVE	AVERAGE	STRICT	OVERLY STRICT
CLOTHING	5	4	3	2	1
SEX	5	4	3	2	1
DATING	5	4	3	2	1
MOVIES	5	4	3	2	1
MUSIC	5	4	3	2	1
LITERATURE	5	4	3	2	1
FREE WILL	5	4	3	2	1
DRINKING	5	4	3	2	1
SMOKING	5	4	3	2	1
CHURCH ATTENDANCE	5	4	3	2	1

MEDICAL HISTORY

SURGERIES, FOR WHAT REASON_____

HOSPITALIZATION FOR EMOTIONAL ILLNESS YES_____ NO_____ WHY_____

DIAGNOSIS, DATE OF DIAGNOSIS, DISCHARGE STATUS _____

FORM OF TREATMENT_____

CURRENTLY UNDER CARE OF PHYSICIAN_____ OR PSYCHIATRIST_____

ON DRUG THERAPY_____ WHAT MEDICATIONS_____

SUBJECT TO DEPRESSION_____ FREQUENCY_____

DURATION_____

DIAGNOSED WITH PMS _____

ADDICTIONS OR CRAVINGS DIFFICULT TO CONTROL (ALCOHOL, DRUGS, SWEETS, ETC.)

EVER TAKE STREETS DRUGS_____ HOW LONG _____

CURRENTLY ON STREET DRUGS_____

HAVE YOU BEEN AN ALCOHOLIC_____ HOW LONG_____

CIRCLE ANY EASTERN RELIGIONS WITH WHICH YOU HAVE BEEN INVOLVED

BUDDHISM HINDUISM SHINTOISM MOSLEM ROSICRUCIAN

BAHA'I ZEN BUDDHISM TRANSCENDENTAL MEDITATION

MEHER BABA HARE KRISHNA ANY GURU

THE RIDDLE OF REINCARNATION DHAGWAN SHREE RAJNEESH

OTHER_____

CIRCLE ANY MODERN CULTS WITH WHICH YOU HAVE BEEN INVOLVED

MORMONS	CHRISTIAN SCIENCE	UNIFICATION CHURCH	UNITARIAN
THE WAY	JEHOVAH'S WITNESSES	FORUM (E.S.T.)	SCIENTOLOGY
ECKANKAR	SILVA MIND CONTROL	CHILDREN OF GOD	UNITY

ENOCHIANISM

PLACE A 'Y' FOR YES OR AN 'N' FOR NO IN FRONT OF THE FOLLOWING STATEMENTS

----- HAVE YOU EVER VISITED A FORTUNE TELLER WHO TOLD YOUR FORTUNE BY THE USE OF CARDS, TEA LEAVES, PALM READINGS, ETC.?

----- DO YOU READ OR FOLLOW A HOROSCOPE?

----- HAS ANYONE EVER HYPNOTIZED YOU? WHO? -----

----- HAVE YOU EVER PRACTICED YOGA OR DONE EXERCISES RELATED TO YOGA?

----- HAVE YOU EVER HAD A LIFE OR REINCARNATIVE READING?

----- HAVE YOU CONSULTED AN OUIJA BOARD, PLANCHETTE, CARDS, TEA LEAVES, CRYSTAL BALL; USE NUMEROLOGY, ETC?

----- HAVE YOU PLAYED WITH THE SO-CALLED 'GAMES' OF AN OCCULT NATURE? (ESP, TELEPATHY, KABALA, DUNGEONS AND DRAGONS, ETC.)

----- HAVE YOU EVER CONSULTED A MEDIUM?

----- HAVE YOU EVER SOUGHT HEALING THROUGH MAGIC OR THROUGH A SPIRITUALIST, CHRISTIAN SCIENTIST, OR ANYONE WHO PRACTICES 'SPIRIT HEALING', PSYCHIC HEALING, HYPNOSIS, METAPHYSICAL HEALING, USE OF THE PENDULUM, OR TRANCE FOR DIAGNOSIS, OR ANY OTHER OCCULT MEANS?

----- HAVE YOU BEEN TO A CHIROPRACTOR WHO TREATS THROUGH THE USE OF YING AND YANG, THE UNIVERSAL LIFE FORCES IN THE SPINE?

----- HAVE YOU EVER SOUGHT TO LOCATE MISSING OBJECTS OR PERSONS BY CONSULTING SOMEONE WHO HAS PSYCHIC, CLAIRVOYANT, SECOND SIGHT, OR PSYCHOMETRIC POWERS?

- HAVE YOU EVER PRACTICED TABLE-LIFTING, LEVITATION, OR AUTOMATIC WRITING?
- HAVE YOU EVER BEEN GIVEN OR WORN AN AMULET, TALISMAN OR CHARM FOR LUCK OR PROTECTION?
- HAVE YOU, OR HAS ANYONE FOR YOU, PRACTICED WATER WITCHING USING A TWIG OR PENDULUM?
- DO YOU READ OR POSSESS OCCULT OR SPIRITUALIST LITERATURE, E.G., BOOKS ON ASTROLOGY, INTERPRETATION OF DREAMS, METAPHYSICS, RELIGIOUS CULTS, SELF-REALIZATION, FORTUNE TELLING, MAGIC, ESP, CLAIRVOYANCE, PSYCHIC PHENOMENA?
- DO YOU OFTEN HAVE NIGHTMARES OR FIGHTENING DREAMS? HAVE YOU EVER BEEN 'GUIDED' BY A DREAM?
- HAVE YOU EXPERIMENTED WITH OR PRACTICED ESP OR TELEPATHY? HAVE YOU EVER 'THOUGHT' AT A PERSON OR TRIED TO MAKE THEM CALL OR WRITE YOU BY YOUR THOUGHTS?
- HAVE YOU EVER PRACTICED ANY FORM OF MAGIC CHARMING OR RITUAL?
- DO YOU POSSESS ANY OCCULT OR PAGAN RELIGIOUS OBJECTS, RELICS, OR ARTIFACTS WHICH MAY HAVE BEEN USED IN PAGAN TEMPLES AND RELIGIOUS RITES, OR IN THE PRACTICE OF SORCERY, MAGIC, DIVINATION, OR SPIRITUALISM?
- HAVE YOU EVER HAD YOUR HANDWRITING ANALYZED, PRACTICED MENTAL SUGGESTION, CAST A MAGIC SPELL, OR SOUGHT PSYCHIC EXPERIENCE?
- HAVE YOU EVER BELONGED TO THE MASONS, DEMOLAY, JOB'S DAUGHTERS?
- HAVE YOU BEEN INVOLVED IN A LODGE OR ORGANIZATION REQUIRING RITUALS FOR MEMBERSHIP?
- DO YOU SEE AURAS?
- DO YOU EVER 'FEEL' AN EVIL PRESENCE?
- HAVE YOU EVER BEEN VISITED BY A DEMON OR AN EVIL SPIRIT?

- HAVE YOU EVER GONE IN ANY TEMPLE OR BUILDING THAT WAS NOT CHRISTIAN (BUDDHIST TEMPLE, MORMON TEMPLE, MOSQUE)?

- HAVE YOU EVER BEEN INVOLVED IN ANY GROUP INVOLVED IN REBELLION OR TERRORISM?

- HAVE YOU HAD NEGATIVE THINGS OR CURSES SPOKEN OVER YOU?

- DOES YOUR NAME HAVE ANY PARTICULAR SIGNIFICANCE AS TO FAMILY TRADITION OR CULTURAL/NATIONAL HERITAGE?

- DID YOUR PARENT WISH YOU WERE THE OPPOSITE SEX?

- HAVE YOU READ LITERATURE BY JEAN DIXON?

- HAVE YOU READ LITERATURE BY EDGAR CAYCE?

- HAVE YOU BEEN INVOLVED IN SATAN WORSHIP?

- HAVE YOU EVER PRACTICED ASTRAL PROJECTION?

- HAVE YOU BEEN INVOLVED IN WHITE MAGIC: DOING GOOD THING THROUGH THE CONTROL OF PSYCHIC AND SUPERNATURAL POWER?

- HAVE YOU BEEN INVOLVED IN BLACK MAGIC: PSYCHIC CONTROL THROUGH CURSES, USE OF THE BLACK ARTS, OR ANY DEMON POWER FOR THE PURPOSE OF HARM?

- DO YOU END UP PLACES, BUT DO NOT KNOW HOW YOU GOT THERE?

- DOES YOUR HANDWRITING CHANGE?

- DO YOU HAVE FREQUENT HEADACHES?

- HAVE PEOPLE ACCUSED YOU OF OFTEN LYING (ESPECIALLY AS A CHILD)?

- HAVE YOU FOUND THINGS YOU DO NOT REMEMBER PURCHASING?

- DO YOU HAVE OR HAVE YOU EVER HAD PAINS IN YOUR CHEST?

- DO YOU HAVE DIFFICULTY TRUSTING PEOPLE?

- HAVE YOU EVER BEEN TOLD "I CAN'T TELL"?
- HAVE YOU BEEN TOLD YOU WERE SPECIAL OR CHOSEN?
- DID YOU HAVE A KEEN INTEREST IN SEX BEFORE PUBERTY?
- DO YOU HAVE A FEAR OF BATHROOMS OR BATHTUBS?
- HAVE YOU HAD DREAMS WITH CANDLES, HOODED FIGURES, OR SNAKES?
- WAS YOUR FAVORITE COLOR OF CLOTHING IN HIGH SCHOOL BLACK, ORANGE, GREEN, OR RED?
- DO YOU HAVE A TENDENCY TO TUCK YOURSELF IN CAREFULLY AT NIGHT?
- DO YOU FEEL PEOPLE ARE WATCHING YOU ALL THE TIME?
- AS A CHILD DID YOU BELIEVE THERE WERE MONSTERS IN THE CLOSET OR UNDER THE BED?
- MY BIRTHDAY IS A GOOD DAY?
- DO YOU HAVE DIFFICULTY TAKING COMMUNION?
- ARE YOU AFRAID OF MEN, DOCTORS, OR AUTHORITY FIGURES?
- ARE YOU GENERALLY AFRAID OF THE DARK OR OF THE NIGHT?
- ARE YOU AFRAID OF BEING ALONE?
- HAVE YOU EVER HEARD VOICES? WHAT DO THEY SAY? -----
- HAVE YOU HAD ANY UNUSUAL EATING HABITS?
- DO YOU REGULARLY WAKE UP AT 12:00 OR 3:00?
- HAVE YOU EVER DONE TABLE LIFTING?
- DO YOU HAVE DIFFICULTY WITH USING CURSE WORDS OR IS THERE A CURSE WORD THAT REGULARLY COMES TO YOUR MIND?

- DO YOU HAVE THE ABILITY TO KNOW BEFORE THE PHONE RINGS THAT IT IS GOING TO RING AND WHO WILL BE ON THE PHONE OR THAT THE DOOR BELL WILL RING AND WHO WILL BE AT THE DOOR?
- CAN YOU READ OTHER PEOPLE'S MINDS?
- CAN YOU PROJECT YOUR THOUGHTS TO OTHERS?
- HAVE YOU HAD AN ABORTION?
- HAVE YOU MADE ANY BLOOD PACTS?
- HAVE YOU EVER FELT YOU HAVE HAD SEX WITH A DEMON (INCUBI OR SUCCUBI)?
- HAVE YOU SUDDENLY HAD A FEELING THAT YOU WANTED TO COMMIT SUICIDE?
- HAVE YOU EVER HAD CHOKING SENSATIONS OR PAINS WHICH SEEM TO MOVE AND FOR WHICH THERE IS NO MEDICAL CAUSE?
- HAVE YOU EVER WATCHED X-RATED MOVIES?
- HAVE YOU EVER HAD IRIS DIAGNOSIS, COLOR THERAPY, OR PEDITHERAPY?
- HAVE YOU LOOKED AT PORNOGRAPHY?
- DO YOU HAVE A TENDENCY TO BE A PERFECTIONIST?
- DO YOU HAVE A TENDENCY TO WANT ITEMS TO BE IN A NEAT STATE?
- DO YOU PRINT PRECISELY AT TIMES OR WRITE AND THEN GO TO PRINTING AND THEN WRITE AGAIN?
- HAVE YOU EVER WANTED TO CUT YOURSELF OR HAVE YOU EVER CUT YOURSELF?
- HAVE YOU EVER LOST ANY TIME?
- HAVE YOU FOUND YOURSELF EXPLAINING WHY YOUR ARE SOMEWHERE BECAUSE YOU DID NOT KNOW HOW YOU GOT THERE?
- HAVE YOU BEEN OUT OF THE COUNTRY AS A SOLDIER OF THE MILITARY?
- HAVE YOU BEEN OUT OF THE COUNTRY ON A MISSIONS TRIP?

----- ARE YOU OR HAVE YOU BEEN A MEMBER OF ANY FRATERNITY OR SORORITY?

----- HAVE YOU READ ANY HARRY POTTER BOOKS?

----- HAVE YOU BEEN INVOLVED WITH POKEMON MATERIAL?

----- DO YOU PLAY VIDEO GAMES?

I UNDER STAND THIS DOCUMENT WILL BE SEEN ONLY BY THE PRAYER MINISTRY TEAM OR
THOSE LISTED ON YOUR RELEASE OF INFORMATION FORM.

SIGNATURE_____ DATE_____

INFORMED CONSENT FOR DELIVERANCE

I, _____, have been informed that the ministry of deliverance is a ministry based in religious belief and is not recognized by the secular field of psychology as a method for the resolution of psychological problems.

I further understand that the session will be conducted by a trained staff member from Life Center Ministries International and Covenant of Peace. There will also be intercessors present who will be praying for me throughout the session for God's healing and direction.

I recognize that this step of faith has been helpful for many but has not been scientifically proven. 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 or 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 deliverance, and am in no way being force, pressured, or coerced to submit to this procedure from any person or entity. I also have the right to terminate the session at any time without penalty.

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 deliverance.

Signature _____ Date _____

Consent for Release of Information

As a ministry receiver of this prayer ministry and for the purpose of assisting my ministry, I give my permission for any psychological and other personal information to be exchanged between my prayer minister and the following persons:

_____ Physician/Medical Personnel
Name _____ Phone # _____

_____ Psychiatrist/Psychologist
_____ Phone # _____

_____ Other Counselor/Mental Health Provider
Name _____ Phone # _____

_____ Attorney
Name _____ Phone # _____

_____ Pastor/Church Leadership
Name _____ Phone # _____

_____ Other
Name _____ Phone # _____

Signature

Printed Name

Date