



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 taking the opportunity to sow financially, you also demonstrate your commitment to the healing process. Further, you are sowing into the ministry and the vision to bring healing to lives so they can pursue their destiny in God. Your donation can help bring healing to others who are financially unable to donate. A suggested donation of **\$50.00 per hour** for individual sessions **or \$100.00** per hour is recommended for team sessions. However, individual arrangements can be discussed as they arise. 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:
Healing the Heart Prayer Ministry
Life Center Ministries
411 South 40th Street
Harrisburg, PA 17111**

Pre-Ministry History Form Young Adult (14-18 years of age)

The reason for this questionnaire is to help us get a picture of your background and the areas you are having trouble in. By completing these questions the best you can, it will help us to be ready to meet with you. **All information that you share with us (prayer ministers) is strictly confidential and will not be discussed with anyone without your permission except in the case of your or someone else's safety.**

Personal History

Name _____ Home phone () _____ Cell Phone

() _____

Address _____

City _____ State _____ Zip _____

School _____

Grade _____

Male or Female (Circle) Age _____ Birthdate _____

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 _____ Not

Good _____

List past serious illnesses, injuries, handicaps, etc.

Have you ever used drugs other than for medical purposes? What?

Have you ever had therapy or counseling? _____

When? _____

From whom? _____

Parent/Parent Substitute History

Father's name _____

Mother's name _____

Father's Phone # _____

Mother's Phone # _____

Natural Parents: Married _____ Separated _____ Divorced _____ Never Married _____

Father Deceased _____ Mother Deceased _____

Your age: When parents separated _____ At time of divorce _____

At time of mother's death _____ At time of father's death _____

You live with: Mother _____ Father _____ Other _____ How long? _____

Father remarried when you were age _____ You live
with _____

Mother remarried when you were age _____ You live
with _____

How do step-parent(s) relate to you? (Kindly, poorly, affectionately, little discipline, etc.)

Natural father's occupation _____

Natural mother's occupation _____

How many times was your father married? _____ Your Mother? _____

Rate 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:

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 your relationship with natural parents: _____

Describe your relationship with step-parents: _____

List present interests, hobbies (e.g. internet, sports, movies, etc.) _____

How do you spend your spare time? _____

Religious Background

Church Affiliation _____ Youth Pastor's name _____

Pastor/Church phone # _____ Does your pastor know you're seeking help? _____

What is your relationship with God? _____

Explain recent changes in your spiritual life, if any _____

Briefly Answer the Following Questions

What is the main problem, as you see it? What are your goals in coming for prayer ministry?

As you see yourself, what kind of person are you? _____

List three significant relationships (friends, family, etc.) _____

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

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 Much Much Moderately What problem?

Who referred you here for prayer ministry? _____

Times of Availability:	M	T	W	Th	F
	AM	AM	AM	AM	AM
	AS*	AS	AS	AS	AS
	PM	PM	PM	PM	PM

* After School

PARENTAL RELEASE AND CONSENT FORM

The purpose of this ministry is for spiritual growth and healing. It is not a psychological counseling service, nor is it intended to be. I/we understand that the team members are not licensed psychologists or psychiatrists, but 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 my/our children to make wise choices consistent with the teachings of Jesus Christ.

I/we further understand that according to I Corinthians 6:1-8, we as Christians should refrain from suing one another and that all healing prayer ministry is being undertaken with the understanding that we will abide by that scriptural premise.

All personal information gathered in the course of ministering to my/our child(ren) is confidential and the files are so maintained. I/we understand that information will be shared with me/us, child(ren)'s parent(s)/legal guardian(s), when/if the prayer minister deems appropriate. I/we do hereby give permission for the prayer minister to consult with other members of the ministry as needed (names are withheld).

Discipleship prayer minister training is a part of our commitment to the task of restoration and transformation to individuals and families. As your child(ren) participate(s) in the prayer ministry session they may have the opportunity to work not only with their prayer minister, but also a qualified disciple who has been assigned. Please be assured that we always adhere to a strict policy of confidentiality, which also includes the disciples.

In order to comply with legal regulations, any planned or recently attempted suicide, threats to harm self or others, reports of child abuse, or criminal behavior will be reported to the proper authorities.

I/we, _____ the parent(s)/legal guardian(s) of _____ understand the foregoing information concerning this ministry. I/we have sought this ministry of our, along with our child(ren)'s, own free will and all personal information, both individual and family, is given voluntarily in order to facilitate the team members working with my/our child(ren).

Parent(s)/Legal Guardian's Signature

Parent(s)/Legal Guardian's Signature

Date

Date

Consent to Release of Information

As a parent/legal guardian of a minor child receiving prayer ministry and for the purpose of assisting my child's ministry, I give my permission for any psychological and other personal information to be exchanged between my child's 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