



MEADOWS HEALING  
PRAYER CENTER

1417 N. Battlefield Blvd.  
Chesapeake, VA 23320

MEADOWS HEALING PRAYER CENTER-  
PERSONAL INTAKE FORM CONFIDENTIAL (please use black ink to fillout form)

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Degree(s): Grades Completed \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Other \_\_\_\_\_

Spouse's first name: \_\_\_\_\_

Number of children: \_\_\_\_\_ Name(s) and age(s): \_\_\_\_\_

\_\_\_\_\_

I was referred by: \_\_\_\_\_

Have you been in counseling? If yes, give details

\_\_\_\_\_

\_\_\_\_\_

Briefly describe what brings you to receive Theophostic prayer ministry now?

\_\_\_\_\_

\_\_\_\_\_

Check the issues that pertain to you: rate degree of stress/urgency for applicable areas, 1 (low) to 5 (high).

\_\_\_\_\_ Depression \_\_\_\_\_ Chronic Illness \_\_\_\_\_ Sexual Identity Issues \_\_\_\_\_ Marital Problem \_\_\_\_\_

Anger \_\_\_\_\_ Homosexual \_\_\_\_\_ Drug Addictions \_\_\_\_\_ Sexual Addiction: \_\_\_\_\_ Insomnia \_\_\_\_\_

Physical Abuse \_\_\_\_\_ Eating Disorder \_\_\_\_\_ Alcoholism \_\_\_\_\_ Sexual Abuse \_\_\_\_\_ Grief/Loss \_\_\_\_\_

\_\_\_\_\_ Low Self-Esteem \_\_\_\_\_ Emotional Abuse \_\_\_\_\_ Occult Oppression \_\_\_\_\_ Career Decision \_\_\_\_\_

\_\_\_\_\_ Relationships \_\_\_\_\_ Workaholism \_\_\_\_\_ Financial Crisis \_\_\_\_\_ Loneliness \_\_\_\_\_

Unorgiveness/Bitterness \_\_\_\_\_ Excessive Anxiety/Fear \_\_\_\_\_

Dissociation \_\_\_\_\_ Dissocioative Identity Disorder(DID) \_\_\_\_\_

Satanic Ritual Abuse(SRA) \_\_\_\_\_

Post Traumatic Stress Disorder (PTSD) \_\_\_\_\_

Other crisis (describe briefly):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your support system.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Have you had any major surgeries, illnesses or accidents? If so, please describe.

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Are you under a doctor's care now? For what?

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What prescription medication(s) are you currently taking? For what?

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Prescribing physician \_\_\_\_\_

How do you spend your leisure time?

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Spiritual History CONFIDENTIAL Religious background in childhood (describe briefly).

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Are you a Christian? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ uncertain If yes, I consider myself to be: 1 2 3 4 5 6  
committed detached Church involvement: 1 2 3 4 5 6 very active detached The following symptoms  
may indicate spiritual oppression. Please check any that relate to your experience. \_\_\_\_\_ Psychic  
abilities, clairvoyance, divination; feeling of having "special powers." \_\_\_\_\_ Inward perception of a  
separate personality, name or voice. \_\_\_\_\_ Fearful, repetitive night visitations by an evil presence.  
\_\_\_\_\_ Difficulty participating in prayer; agitation, nausea, anger, rebellion, etc. \_\_\_\_\_ Uncontrolled  
thoughts/impressions; e.g., sexual perversion, cursing, violence. \_\_\_\_\_ Uncontrollable compulsive  
behaviors: sexual sin, anger, chemical indulgence. \_\_\_\_\_ Preoccupation with thoughts of death, despair  
and hopelessness. \_\_\_\_\_ Uncontrollable, irrational, paralyzing fear. \_\_\_\_\_ Unusual, non-typical  
emotional expressions, e.g., laughter, sadness, crying, anger. \_\_\_\_\_ Extreme nervousness or negative  
reactions at the mention of the name of Jesus. Please describe any additional factors that led you to  
suspect spiritual oppression.

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Emotional History CONFIDENTIAL Check all that apply. \_\_\_\_\_ I don't remember being loved physically  
as a child (hugs, being held, etc.) \_\_\_\_\_ My parents divorced when I was a child. I was \_\_\_\_\_ years old.  
\_\_\_\_\_ I had no father growing up because of (circle one) death / divorce / preoccupation. \_\_\_\_\_ One of  
my parents/friends committed suicide. I was \_\_\_\_\_ years old. \_\_\_\_\_



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Client's Rights/Informed Consent I, \_\_\_\_\_ (print name), understand that my personal files are protected as 'CONFIDENTIAL'. As such, identifying specific details of my file may not be disclosed to others without my written consent except as specified by Virginia law: 1) as required by subpoena or court order in legal proceedings, 2) when not to do so would potentially result in physical harm to myself or others, 3) to report any disclosure/suspicion of child/elderly neglect or abuse (physical or sexual). Also, I further understand that Meadows Healing Prayer Center, LLC, is a prayer ministry center and not a counseling or therapeutic center.

signature \_\_\_\_\_.