

# Mount Horeb House

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## Personal Data Sheet *(Please print)* Date \_\_\_\_\_

Name \_\_\_\_\_

(Last)

(First)

(MI)

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Marital status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Spouse's name \_\_\_\_\_

If you have children, their names and ages:

\_\_\_\_\_

Christian? Yes \_\_\_\_ No \_\_\_\_ Date of Rebirth \_\_\_\_\_

Denominational preference \_\_\_\_\_ Church membership \_\_\_\_\_

Pastor's name \_\_\_\_\_

Name of person, church or agency referring you \_\_\_\_\_

Medical conditions \_\_\_\_\_

Have you ever received a head injury? \_\_\_\_\_ If so, when? \_\_\_\_\_

Describe what happened. \_\_\_\_\_

Medications presently taking \_\_\_\_\_

Previous counseling experiences and name of counselor \_\_\_\_\_

\_\_\_\_\_

Diagnosis: \_\_\_\_\_

Place of employment/school: \_\_\_\_\_

Description of work \_\_\_\_\_

Spouses place of employment: \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_ Telephone \_\_\_\_\_

Describe briefly why you are seeking help through Mount Horeb House:

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Give a brief synopsis of your home life as a child (birth to 18 years). Include number of siblings, your birth order, family divorces, deaths, and other significant events during this period in your life:

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Briefly describe character qualities of the people listed below, along with their age (or indicate "deceased"). Use your own descriptive terms or choose from the following:

Affectionate/non-affectionate	easy going/controlling
Involved/uninvolved	away much of the time/almost always there
Trusting/not trusting	chemically dependent/not chemically dependent
Easily pleased/not easily pleased	usually calm/explosive
Abusive/non abusive	positive/negative
Christian believer/non-believer	loyal/disloyal

Your mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your mate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Of the following categories of emotions you might feel, rate the frequency and intensity of each. Circle the word that best describes the frequency and intensity.**

<b>Emotion</b>	<b>Frequency</b>			<b>Intensity</b>		
<b>Fear</b>	Seldom	Sometimes	Frequently	Low	High	Extreme
<b>Abandonment</b>	Seldom	Sometimes	Frequently	Low	High	Extreme
<b>Anger</b>	Seldom	Sometimes	Frequently	Low	High	Extreme
<b>Shame</b>	Seldom	Sometimes	Frequently	Low	High	Extreme
<b>Helpless</b>	Seldom	Sometimes	Frequently	Low	High	Extreme
<b>Invalidated</b>	Seldom	Sometimes	Frequently	Low	High	Extreme
<b>Hopeless</b>	Seldom	Sometimes	Frequently	Low	High	Extreme
<b>Confused</b>	Seldom	Sometimes	Frequently	Low	High	Extreme
<b>Tainted</b>	Seldom	Sometimes	Frequently	Low	High	Extreme

## Consent for Ministry from Mount Horeb House

My signature confirms that I desire to receive ministry from a holistic Biblical model involving interventions in the spiritual, emotional, physical and social realms from a Christian minister.

I understand that no organized religion or religious denomination is being promoted by my minister or by Mount Horeb House Ministries.

I understand that spiritual interventions are used and they are intertwined with my emotional and social issues.

I understand that during times of prayer ministry I may experience spiritual and emotional confusion.

I understand that unresolved and distressing memories may surface through the use of prayer ministry procedures.

Some clients may experience reactions during treatment sessions that neither they nor the minister may have anticipated, including high levels of emotion or physical sensations.

Subsequent to the ministry sessions, the processing of memories may continue and dreams, memories, flashbacks, feelings and the like may occur.

I also understand that my healing depends on my willingness to work through these difficult memories/feelings with the Lord Jesus Christ that will significantly determine the healing I receive. If I am not willing to work through these memories, I understand that my minister and I will need to discuss other options for my healing including possible referral elsewhere.

All the information given in the application is true to the best of my ability.

**I hereby release and hold harmless Mount Horeb House Ministries, directors, ministers, staff and supporting individuals from liability in the ministering process and during my stay. I understand that my healing comes from the Lord Jesus Christ and Him alone. I understand that all information given is to be held as confidential unless said release is signed.**

*I have read and understand the "Cost for Ministry Sessions" on the following page.  
Arrangements will be/have been made to cover the cost.*

Name of Client (Print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If client is a minor, signature of parent or guardian is required.

Name of Parent or Guardian (Print) \_\_\_\_\_

**Signature** \_\_\_\_\_

## **Cost for Ministry Sessions**

### **Ministry Sessions**

The ministers of Mount Horeb House currently spend an average of 16 hours in prayer ministry with each client. Some clients require only short-term ministry, while others need months to work through the lies they believe.

### **Weekly Ministry Sessions**

Initial appointments for ministry must be made by phone by the person seeking prayer ministry. Because this is not traditional counseling, you can expect the weekly ministry sessions to last between one and two hours each. Before coming for your first appointment, the Personal Data Sheet and Consent Form need to be completed. Please honor the time that is scheduled for you and be prompt for your session.

The fee for a session is \$50. Payment can be made in cash, check, MasterCard or Visa.

If you will need to spread out payment for sessions over a period of time, please make arrangements at the first session.

### **Three-Day Intensive Ministry Sessions**

For people who are not able to come to Mount Horeb House on a weekly basis, we offer a short-term intensive time of ministry. This lasts for three days, with ministry times in the morning and afternoon – two per day. Part of the requirement for this time is journaling, quiet time and (sometimes) homework. Arrangements can be made for clients to stay at a local motel or B&B.

The fee for a Three-Day Intensive is \$400. To secure your appointment, a deposit of \$100 is required at least 10 days prior to your Three-Day Intensive Session. Arrangements for the balance of the payment need to be made at your first appointment.

**Limited scholarship monies are available. Please inquire!**

**Is it worth it?** One client said, *“I have been to counseling, spent time at a treatment center and have experienced prayer ministry. But I have never had as much healing with all of those put together as I have had these three days. Thank you for your faithfulness to Jesus’ call on your life.”*