

Part II

Describe briefly why you are seeking help from Mount Horeb House Ministries:

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:

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 _____

You mate _____

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

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

If you need help answering any of the above, see your minister, spouse, or friend.

Part III

Consent for Ministry from Mount Horeb House Ministries

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.

Name of Client (Print) _____

Signature _____ **Date** _____

If client is a minor, signature by parent or guardian is required:

Name of parent or guardian (Print) _____

Signature _____ **Date** _____