PERSONAL SPIRITUAL PROFILE

Confidential For The Deliverance Minister Alone.

PERSONAL INFORMATION

Name: _____ **Age:** _____ **Date:** _____

Telephone #: _____ **Occupation** _____

E-Mail address: _____

Address: _____ **City** _____ **State** _____ **Code** _____

How do You Know About Us? _____

Marital Status: ❑Married - How many times? _____ ❑Single ❑Separated ❑Divorced # children_____

Cultural/Ethnic Background: _____

PERSONAL HISTORY

1. Salvation confession: ❑ No ❑ Yes - if yes, when? _____
2. Have you previously received deliverance/exorcism prayers? ❑ No ❑ Yes
3. Describe your relationship with YAH: ❑ Good ❑ Could use improvement ❑ Poor
4. Describe your family relationships *when you were a child.*
   Biological Father: ❑ Good ❑ Bad; Biological Mother: ❑ Good ❑ Bad
   Stepfather: ❑ Good ❑ Bad; Stepmother: ❑ Good ❑ Bad
5. Were you conceived out of wedlock? ❑ Yes ❑ No ❑ Don't Know
6. Were you adopted? ❑ Yes ❑ No

SPIRITUAL HISTORY- OCCULT/NEW AGE PRACTICES

Mark ones you have participated. If further explanation is needed, use the line.

❑ Astral projection _____
❑ Astrology/horoscopes _____
❑ Automatic writing/painting _____
❑ Fire walking _____
❑ Fortune telling _____
❑ Levitation _____
❑ Past-Life Therapy _____
❑ Psychic consultation _____
❑ Ouija board _____
❑ Séances _____
❑ Spells _____
❑ Tarot cards _____
❑ Transcendental Meditation _____
❑ Voodoo _____
❑ Witchcraft/Wicca _____
❑ Yoga _____
❑ Belief in Mythical Civilizations _____
❑ New Age Spirituality_____
_____ :
_____

RELIGIOUS LITERATURE, CULTS, FALSE RELIGIONS, SECRET SOCIETIES Mark books read, practices engaged in, organizations to which you or family members belonged.

❑ Atheism /Agnosticism _____
❑ Bhagavad-Gita (Hinduism) _____
❑ Buddhism/Zen _____
❑ Church of Satan/Satanism/Satanic Bible _____
❑ Dianetics (Scientology) _____
❑ Edgar Cayce books _____
❑ Islam/Koran_____
❑ Jehovah's Witnesses _____
❑ Kabbalah _____
❑ Freemasonry _____
❑ Mormonism _____
❑ Santeria _____
❑ Scientology _____
❑ Voodoo _____
❑ Witchcraft _____
❑ Book of Urantia Or Other New Age Books_____
_____

PHYSICAL HEALTH

If you have this health issue, please mark box. If further explanation is needed, please do so on the line

❑ Cancer _____
❑ Diabetes _____
❑ Epilepsy _____
❑ Gastrointestinal issues _____
❑ Heart disease _____
❑ Infertility _____
❑ Post-Traumatic Stress Disorder _____
❑ Pulmonary Disorders_____:
_____

MENTAL HEALTH

If you are diagnosed with this condition(s), please mark box. If a family member, please indicate who.

❑ ADD/ADHD _____
❑ Anxiety/Panic Disorder _____
❑ Bipolar _____
❑ Borderline _____
❑ Depression _____
❑ OCD (obsessive compulsive) _____
❑ MPD/DID (multiple personalities) _____
❑ Schizophrenia _____
Other mental disorders: _____
Current medications: _____
❑ Clinical diagnosis if any: _____
❑ Seen psychologist? If yes, how often _____
❑ Seen psychiatrist? If yes, how often _____

EMOTIONAL/BEHAVIORAL PROFILE

Mark boxes that best describes you.

❑ Have you experienced loss of time?

❑ Have you experienced sleep paralysis

❑ Depressed ❑ Fearful ❑ Insecure ❑ Low self-esteem ❑ Self-condemnation ❑ Worthlessness

Anger Issues

❑Bitterness Or Unforgiveness ❑Emotional abuse ❑Hatred ❑Physical abuser ❑Physical abuse victim ❑Rage ❑Revenge

Death Issues

❑Abortion (you/spouse/other) ❑Intent to harm others ❑Self harm/cutting ❑Suicide attempt(s) # ____

Aberrational behavior

❑Anorexia/Bulimia ❑Compulsive spending ❑Shoplifting ❑Picking/tics ❑Tourette's Syndrome ❑ Autism

Addictions

❑Alcoholism	❑Gambling	❑Sex
❑Drugs	❑Prescription drugs	❑Tobacco
❑Food	❑Sleep aids	❑Workaholism

Criminal Activity

❑Arrested/imprisoned ❑Rape ❑Vandalism ❑Selling illegal drugs ❑Violent acts

SEXUAL HISTORY (given voluntarily)

Mark box that applies to you.

❑Adultery	❑Lustful thoughts	❑Prostitution
❑Bestiality	❑Necrophilia	❑Raped
❑Internet/phone sex	❑Perverted sex	❑Sadomasochism
❑Molested	❑Promiscuity	❑Strip clubs
❑Molested someone	❑Pornography	❑Transvestism (cross dressing)
		❑Transgender

TRAUMA OCCURRENCE(S)

List episodes of abuse, trauma, major accidents, or any other events that deeply affected you.

a) Ages 0 - 12: _____

_____

b) Ages 13-19: _____

_____

c) Ages 20-29: _____

_____

d) Ages 30-39: _____

_____

e) Ages 40+: _____

DEMONIC BEHAVIOR

Mark box that applies to you.

- ❑ Anti-Messiah obsessions/blasphemous thoughts
- ❑ Curses placed on you/family/ancestors
- ❑ Deny Yahusha is YAH
- ❑ Worship of s.a.tan or demons
- ❑ Desire to curse/renounce YAH/Messiah
- ❑ Pact with the devil

DEMONIC MANIFESTATIONS

- ❑ Alien abduction/UFOs
- ❑ Change in voice
- ❑ Clawing inside body
- ❑ Defile holy objects
- ❑ Convulsions/seizures
- ❑ Fear cross/anointing oil
- ❑ Feel a presence
- ❑ Foam at the mouth
- ❑ Obscene outbursts
- ❑ Out-of-body experience
- ❑ See shadows/orbs/demons/ghosts
- ❑ Smell strange odors
- ❑ Unable to pray/read Bible
- ❑ Voices of dead heard

ABNORMAL DEMONIC ACTIVITY

- ❑ Bites, scratches, or other physical attacks on your body
- ❑ Feeling cold or surroundings becoming very cold
- ❑ Feeling choked/unable to breathe when praying
- ❑ Hearing growling sounds inside your head or body
- ❑ Incubus (demonic sexual intercourse with a male spirit)
- ❑ Succubus (demonic sexual intercourse with a female spirit)
- ❑ Vomiting/coughing up phlegm in response to prayer

Phone 1-904-800-7321

Email: sholiach@yourarmstoisraelglobal.com