**Passion to Transform Lives**

**AUTHENTIC RESTORATION MINISTRY (ARM)**

MINISTER’S NAME: Enter Full Name Here

DATE OF MINISTRY: Click or tap to enter a date.

## INTRODUCTION AND DESCRIPTION OF MINISTRY

The Authentic Restoration Ministry (ARM) is for the person who wants help with one issue that is adversely affecting his/her life. Please fill out the following pages to your Minister with information that will help to determine the root issue.

Please return completed Personal Questionnaire (PQ) to the department several days before your scheduled ministry; thus, giving the Minster time to go through your (PQ) carefully.

Generally, ARM accomplish deliverance in 2-3 meetings; however, we are committed to working with you until you are completely free. Your Minister and assistant would usually be present to Minister to you. If you need further sessions your Minister will let you know.

Please sign and date both Wavier of Liability and Confidentiality form found in this PQ.

#### Personal Information

Name: Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

D.O.B: Click or tap to enter a date. Age: Click or tap here to enter text.

Home Phone: Click or tap here fto enter text. Cell: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Marital Status:

Single Married Separated DivorcedWidowed

Presently living with: Parents Spouse Alone Other: Click or tap here to enter text.

#### MARITAL BACKGROUND

Spouse’s Name: Click or tap here to enter text. Age: Click or tap here to enter text. Date of Marriage: Click or tap to enter a date.

Please Rate Your Marriage: Dissatisfied Average Satisfied Very Satisfied

If your current issue involves your spouse, is he/she willing to receive any deliverance?

Yes  No  Uncertain Is your spouse saved?

Is this your first marriage? Click or tap here to enter text. If not, please explain: Click or tap here to enter text.

#### CHILDREN

***If you have any children or stepchildren, please fill in the following information***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Sex** | **From which**  **Marriage?** | **Self**  **Supporting?** | **Married** | **Still**  **Alive?** | **Age at and Cause**  **Of Death** |
| enter text. | enter text. | enter text. | enter text. | enter text. | enter text. | Click or tap here to enter text. | enter text. |
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# ARM DELIVERANCE QUESTIONNAIRE

**Date:** Click or tap to enter a date.

**Name: Mary Campbell Tel No:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**What is your age range?**

**Under 18 18-29 30-39 40-49 50-59 60-69 70 and Over**

**CONTACT NAME & TEL. NUMBER IN CASE OF EMERGENCY:**

**PLEASE TICK (√) YES OR NO FOR THE FOLLOWING QUESTIONS.**

|  |  |  |
| --- | --- | --- |
| **QUESTIONS** | **YES** | **NO** |
| 1. **Are you saved?** |  |  |
| 1. **Are you a member of a church? If YES, state** Click or tap here to enter text. |  |  |
| 1. **Is there any physical illness in your body?** |  |  |
| 1. **Are you on any medication?** |  |  |
| 1. **Are pregnant?** |  |  |
| 1. **Are you disturbed in the night by any “strange presence in your bedroom”?** |  |  |
| 1. **Have you ever found yourself drifting off in a trance-like state or losing consciousness for no apparent reason?** |  |  |
| 1. **Do you sometimes hear voices speaking inside of your head (or heart)?** |  |  |
| 1. **Are there times when you find yourself crying uncontrollably without any obvious reason?** |  |  |
| 1. **Do you find yourself able to demonstrate any superhuman, supernatural or mysterious power?** |  |  |
| 1. **Have you personally had any occult encounters or family involvement with Lodge, Witchcraft (Obeah), Cumina, Revivalism, Spiritism, Voo Doo, or Superstitious practice?** |  |  |
| 1. **Have you ever thought about or attempted suicide?** |  |  |
| 1. **Do you experience unusual confusion when you try to pray or read the Bible?** |  |  |
| 1. **Have you ever had any kind of weird encounter with the spiritual realm?** |  |  |
| 1. **Do struggle with anger, bitterness, lust, unforgiveness or hate?** |  |  |
| 1. **Do you feel like something is wrong with you?** |  |  |
| 1. **Do you feel good about yourself?** |  |  |
| 1. **Did you feel rejected by your parents?** |  |  |
| 1. **Did you feel rejection from brother(s) and/or your sister(s)?** |  |  |
| 1. **Do you feel like external forces have power over you?** |  |  |
| 1. **Do you remember any instance of molestation or abuse which periodically flashes back in your memory, causing pain?** |  |  |
| 1. **Were ever molested?** |  |  |
| 1. **Are you willing to go through the ministry process of deliverance? (Under 18 need parental consent)** |  |  |

## MINISTER’S COPY

**EXPECTION OF YOUR COMMITMENT**

**I understand that it is expected that I have a sincere desire to overcome whatever problem are hindering me, and I am expected to cooperate fully with my Minister and with the Holy Spirit in order to facilitate God’s help in setting me free. My Minister may ask me to pray, fast or to do some outside “homework” in conjunction with my process. He/she may also ask me to be accountable to him/her for some specific areas of my life or for some specific behaviours.**

**REFERRAL**

**If my Minister is not equipped or unable to minister to my particular need or if I need longer ministry, he/she may in conjunction with the head of the department or designated representative, refer me to appropriate help.**

**WAIVER OF LIABILITY**

I understand that I will be seeing a Minister who will be able to listen, support, encourage, pray and minister to me to help me overcome problem(s) and to grow in my Christian life. I accept that he/she may not be a licensed or professional Pastor or Counsellor.

**WAVIER OF CONFIDENTIALITY**

I am aware that all statements that I shall make to the Minister (and to other assistant present) are of a confidential nature, including all written information, and legally and ethically these may not be disclosed without my written consent. However, I waive my right to “complete” confidentiality in the following situations:

I accept that my Minister may give a verbal summary report of the ministry to his oversight person.

I accept my Minister may consult with the Church Pastor and/or their designated representative concerning his ministry to me with the purpose of providing me with more effective ministry.

I accept that the Church Pastor and or their designated representative will be informed of any on-going wilful sin in my life in which I am not willing to pursue freedom and healing.

I acknowledge that Pastors, Counsellors, Church or Cell/Small group Leaders, Ministers etc, are also required to report any reasonable suspicion of physical or sexual abuse that has been done or that is being done to a minor.

I accept that the Pastors, Counsellors, Church or Cell/Small group Leaders, Ministers etc, at Click or tap here to enter text. church reserve the right to make such reports as mandated by law whether or not you confer with me first.

By my signature below, I acknowledge that I have read and understand the Wavier of Liability and Wavier of Confidentiality and that I accept the stated conditions and limits of confidentiality.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Print Name** Click or tap here to enter text. **D.O.B.** Click or tap to enter a date.

**Address:** Click or tap here to enter text.

**City/State/Zip:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Minister’s Name:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Assistants Minister’s Name:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

#### ANCESTOR’S BACKGROUND

**Page 4 and 5 gives you an opportunity to present an overview of your ancestors and their area of sin that might be having an impact on your current issue.**

**From what country (s) did your ancestor originally come?** Click or tap here to enter text.

**What is the ethnic background of your ancestor?** Click or tap here to enter text.

**What is the church background of your ancestor?** Click or tap here to enter text.

**In what geographic areas have you primarily lived?** Click or tap here to enter text.

**Were they ever connected to Slavery, i.e. owner, traders, or slaves?** Click or tap here to enter text.

**Were they involved in unfair business practices?** Click or tap here to enter text.

**Were they involved in the occult?** Click or tap here to enter text.

**Most family members are/were saved?** Click or tap here to enter text.

**Please include any other information that is relevant to your current issue** Click or tap here to enter text.

#### PARENTS’ BACKGROUND

**Parent Married Separated Divorce Remarried**

**Saved? Father Mother**

**Rate your parents’ marriage: Unhappy Average Happy Very Happy**

**If parents are/were separated/divorced how old were you at the time separation/divorce? \_\_\_\_\_\_**

**Father remarried when you were age \_\_\_never married\_\_\_\_ Mother remarried when you were age\_\_\_\_\_\_\_\_\_\_\_**

**You lived with: Father Mother Stepparent Foster Parent Other\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father deceased? Yes No How old were you at the time of death?**

**Mother deceased? Yes No How old were you at the time of death? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On a scale 1-10, rate how much each parent loved you. Give examples of how they showed their love.**

**Father:** Click or tap here to enter text.

**Mother:** Click or tap here to enter text.

**Give three words that characterize your relationship with your father.**

1. Click or tap here to enter text.
3. Click or tap here to enter text.

**Give three words that characterize your relationship with your mother.**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

**PLEASE FILL IN THE BLANK**

**I often felt that my mother** Click or tap here to enter text.

**I often felt that my father** Click or tap here to enter text.

Briefly tell what happened: Click or tap here to enter text.

Have you received the baptism of the Holy Spirit? Yes No When? Click or tap here to enter text.

Describe your present relationship with the Lord: Click or tap here to enter text.

Please list all previous church affiliation: Click or tap here to enter text.

DESCRIPTION OF YOUR CURRENT ISSUE

1. Describe the issue that prompt you to seek ministry currently. Click or tap here to enter text.
2. How is your life affected by this issue? Click or tap here to enter text.
3. How do you feel about yourself because of this issue? Click or tap here to enter text.
4. What is the most painful or difficult thing for you about this issue? Click or tap here to enter text.
5. On the scale of 1-10, how painful is this issue (10 being the very painful)? Click or tap here to enter text.
6. How are the others that you love being affected because of this issue? Click or tap here to enter text.
7. How is your relationship with God being affected by this issue? Click or tap here to enter text.
8. List any similarities between your current issue and painful situations you have experienced in your childhood. Click or tap here to enter text.
9. List any similarities with painful situation in the more recent past. Click or tap here to enter text.
10. What will happen if this issue is not resolved? Click or tap here to enter text.
11. What do you see as your “contribution” to the issue? Click or tap here to enter text.
12. What patterns or issues in your family line do you believe may be similar to your issue? Click or tap here to enter text.
13. What ways have you already tried to resolve the issue? Click or tap here to enter text.
14. Please list any word curses spoken to/about you, either currently or in the past that could be relate to your current issue. (example: “You are such a failure”, “you are so stupid”) Click or tap here to enter text.

Please list any curses (or thoughts) you have spoken about yourself that relate to the issue. (example: “I will never be able to succeed”.) Click or tap here to enter text.

Please list any judgements or vows you have made against anyone else that might relate to your current issue. (example: “Men/Women are untrustworthy and will always let me down.”) Click or tap here to enter text.

**Theme: Safety/Protection**

1. I must be very guarded about what I say since everything I say may be used against me.
2. I have to guard and hide my emotions and feelings.
3. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I’ll not be vulnerable, humiliated, or shamed.
4. The best way to survive is to (Click or tap here to enter text. Click or tap here to enter text.) other people.
5. I will always need to be strong in order to protect and defend myself.
6. It’s not safe to submit myself to anyone.
7. Click or tap here to enter text.

**Theme: Retaliation**

1. The correct way to respond if someone offends me is to punish them by withdrawing and or cutting them off.
2. I will make sure that Click or tap here to enter text. hurts as much as I do!
3. Click or tap here to enter text.

**Theme: Victim**

1. Authority figures will humiliate me and violate me.
2. I will always be used and abused by other people.
3. My value is based on others’ judgement/perception about me.
4. I am completely under their authority I have no will or choice of my own.
5. I will be known, understood, loved, or appreciated for who I am by those close to me.
6. The significant person in my life is not there for me and will not be there for me when I need them Click or tap here to enter text.

**Theme: Hopelessness/Helplessness**

1. I am out there all alone. If I get into trouble or need help, there is no one the recuse me.
2. I have made such a mess of my life there is no use going on.
3. I am a victim of my circumstance and there is no hope for change.
4. I’m all alone
5. Something is wrong with me
6. Click or tap here to enter text.

**Theme: Defective in Relationship**

1. I will never be able to fully give or receive love. I don’t know what it is.
2. If I let anyone get close to me, I may get my heart broken again. I can’t let myself risk it.
3. If I fail to please you, I won’t receive your pleasure and acceptance of me.
4. I must strive (perfectionism) I do whatever is necessary to try to please you.
5. I will never be priority with those in authority
6. Click or tap here to enter text.

**Theme: God**

1. God loves other people more than He loves me.
2. God only value me for what I do. My life is just a means to an end.
3. No matter how much I try, I’ll never be able to do enough nor do it well enough to please God.
4. God is judging me when I relax. I have to stay busy about His work or He will punish me.
5. God has let me down before, He may do it again. I can’t trust Him or feel secure with Him.
6. Click or tap here to enter text.

**THEME: REJECTION/ NOT BELONGING**

1. I don’t belong. I will always be on the outside (left out)
2. My feelings don’t count. No one cares how I feel
3. No one will love me or care for me just for myself
4. I will always be lonely. This special man/woman in my life will not be there for me
5. Click or tap here to enter text.

**THEME: UNWORTHINESS/ GUILT/ SHAME**

1. I am not worthy to receive anything from God
2. I am the problem. When something goes wrong, it is my fault
3. I am a bad person, if you know the real me, you would reject me
4. If I wear a mask, people won’t find out how horrible I am and reject me
5. I have messed up so bad that I have missed God’s best for me
6. Click or tap here to enter text.

**THEME: DOING TO ACHIEVE SELF WORTH/ VALUE/RECOGNITION**

1. I will never get credit for what I do
2. My value is in what I do. I am valuable because I do good to others, or because I am successful
3. Even when I do or give my best it can never enough. I can never meet the standard
4. God does not care if I have a “secret life”, as long as I appear to be good
5. Click or tap here to enter text.

**THEME: CONTROL TO AVOID HURT**

1. I have to plan every day of my life. I have to continuously plan/strategize. I cannot relax
2. The perfect life is one in which no conflict is allowed and so there is peace
3. I can avoid conflict that will risk losing others’ approval, by being passive and doing nothing
4. The best way to avoid hurt, rejection, is to isolate myself
5. Click or tap here to enter text.

**THEME: PHYSICAL**

1. I am unattractive. God short-changed me
2. I am doomed to have certain physical disabilities. They are just part of what I inherited
3. Click or tap here to enter text.

**THEME: PERSONAILITY TRAIT**

1. I will always be Click or tap here to enter text. (e.g. - angry, shy, jealous, insecure, fearful, etc)
2. I will never be Click or tap here to enter text. (e.g.- likeable, lovable, happy, safe, content, etc)
3. Click or tap here to enter text.

**THEME: IDENTITY**

1. I should have been a boy (girl), then my parents would have valued/love me more, etc
2. Men (women) have it better
3. I will never be known or appointed for my real self
4. I will never really change and be as God wants me to be
5. I am not competent/complete as a man(woman)
6. Click or tap here to enter text.

**THEME: MISCELLANEOUS**

1. I have wasted my time and energy. Some of my best years
2. Turmoil is always for me
3. I will always have financial problems
4. Click or tap here to enter text.

**FAMILY PATTERNS**

In question 1 and 2, indicate which negative emotions are behaviours, from your family line might be strongly related to your issue.

1. What are some common negative emotions in your family line, that may or may not be occurring in your life, example (shame, guilt, fear, rejection, etc.)

Click or tap here to enter text.

1. What are some common negative behaviours in your family line, that may or may not be occurring in your life, example (religious, rebellious, people pleasing, controlling, etc)

Click or tap here to enter text.

**OPEN DOORS, FAMILY SIN PATTENS**

Please identify the sin pattern(s) that you and/or your ancestors are/were involved in that may strongly relate to your current issue. Do so by circling/highlighting in the lists below the relevant pattern. Indicate if issue highlighted/circled relates to you and/or your ancestors by placing a tick in S(Self) column and/or the A(Ancestors – parents, grand or great grandparents) column. Please consider carefully and be honest with your responses.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S** | **A** | **ISSUE/PATTERN** | **S** | **A** | **ISSUE/PATERN** | **S** | **A** | **ISSUE/PATTERN** |
|  |  | Abandonment |  |  | Demonic Torment |  |  | Occultic Environment |
|  |  | Abuse Emotional |  |  | Depression/Grief |  |  | Parent In-law issues |
|  |  | Abuse Physical |  |  | Divorce/ Separation |  |  | Perfectionism |
|  |  | Abuse Sexual |  |  | Drugs/Legal/illegal |  |  | Post-Traumatic Stress |
|  |  | Abuse Spiritual |  |  | Emotional abandonment |  |  | Premarital issues |
|  |  | Abuse Verbal |  |  | Failure |  |  | Price |
|  |  | Addiction/Compulsion |  |  | Family Secrets |  |  | Rebellion |
|  |  | Anxiety |  |  | Favouritism |  |  | Rejection |
|  |  | Anorexia/Bulimia |  |  | Fear/anxiety |  |  | Religious issue/legalism |
|  |  | Anger/Rage |  |  | Financial issues |  |  | Sexual bondage/issues |
|  |  | Bitterness/Criticalness |  |  | Freemasonry/lodge |  |  | Shame/ Guilt |
|  |  | Bound/Hindered emotions |  |  | Gender Identity confusion |  |  | Sleeping problem |
|  |  | Chronic illness |  |  | Idolatry |  |  | Strife/Division |
|  |  | Confusion |  |  | Job related issues |  |  | Suicide thought/attempt |
|  |  | Communication/ poor |  |  | Lack of intimacy |  |  | Trauma |
|  |  | Control issues |  |  | Legal issues/problems |  |  | Unbelief/Doubt |
|  |  | Cult Involvement |  |  | Loss |  |  | Unfilled lives |
|  |  | Cutting |  |  | Marriage Issues |  |  | Unforgiveness |
|  |  | Cyber Sex |  |  | Neglect |  |  | Unworthiness/inferiority |
|  |  | Death/Premature death |  |  | Mental Illness |  |  | Victimization/ passivity |
|  |  | Deception/Lying |  |  | New age/Gothic |  |  | Violence |
|  |  | Deceptive business practice |  |  | Not wanted/Outsider |  |  | Withdrawal |