

CLIENT PROFILE SHEET

Access The Need For Deliverance Ministry

Name: _____ M/F (Circle One) Date: ____/____/20____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) ____-____ Email: _____@____.____ Age: _____ Marital Status: _____

Emergency Contact Name: _____ Relationship: _____

Phone: (____) ____-____ Email: _____@____.____ State: _____ Zip Code: _____

BACKGROUND (Please Describe The Following (If more space is needed continue on the back of this page))

Parents (Please Include Step & Foster Parents and/or Grandparents and Family Acting In The Place Of Your Parents)								
Relationship w/Parents								
Relationship w/Siblings								
Relationship w/Your Children (Include names, ages)								
Marital & Committed Relationship History								
Generational History (Health & Personality issues, Religious/Occultic Involvement, whatever stands out about them)								
Your Self Image (General To Specific Issues)								
Vocation (Job)								
Highest Level of Education								
Special Training								
Talents & Hobbies								
Sports/Athletic Participation								
Military (Include Branch & Years)								
Medical Condition(s)							On Medications Now? (List Below)	
Medical History (Check All That Apply)	Arthritis		Epilepsy		Vision		Hearing	
	Back Prob.		Asthma		Allergies		Respiratory	
Life-Threatening Accident	Describe The Circumstance							

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Extended Medical Problems? (COVID, Fevers, Bedridden, Pneumonia)			
Previous Counseling and/or Psychiatry Treatment? (Please Explain)			
Spiritual/Church Involvement	Received Salvation @ Age:	Water Baptized @ Age:	Baptism Holy Spirit @ Age:
	Describe Your Church Involvement:		
	Are You Involved In Ministry (Please Describe):		
	Please List Your Spiritual Gifts:		
	Briefly Describe Your Patterns Of Daily Worship:		

AREAS OF INVOLVEMENT

DRUGS	Past	Present
LSD		
Speed		
Cocaine/Crack		
Uppers/Downers		
Heroin		
Methamphetamine		
Sleeping Pills/Melatonin		
Marijuana Any Form		
Prescription Drugs List in Margin		

ADDICTIONS	Past	Present
Alcohol		
Smoking		
Food		
Anorexia/Bulimia		
Caffeine		
Video Games		
Sex/Porn/Sexual Fantasy		
Gambling		
TV		

SEXUAL HISTORY	Past	Present
Molested List @ Age(s) & By Whom on Back		
Fornication/Immorality		
Adultery		
Pornography		
Masturbation		
Rape List @ Age(s) & By Whom on Back		
LGBT+ Activity (Pronoun)		
Prostitution		
Dancer/Modeling		
Bestiality		
Abortion(s) List @ Age(s) on Back		
Oral Sex		
Soul Sex/Phone Sex		
Pedophilia List Age(s) & Sex(M/F) on Back		
Incest Sex with Relative(s) @ Age(s) on Back		
Ecstasy/Roofie/Liquor (others)		

WITCHCRAFT	Past	Present
Ouija Board		
Magic Black/White Crystals		
Seances/Mediums/Crystal Balls		
Horoscopes		
Fortune Telling/Palm Reading		
Spells/Incantations/Curses		
Oaths/Covenants		
Witches/Warlocks/Wizards		
Vows		
Superstitions		
Necromancy Talking to the Dead		
Tea Leaves		
Tarot Cards		
Water Witching		
Levitation		
Astral-Projection		
“Bloody Mary”		

NEW AGE	Past	Present
Yoga/Tai-Chi/Hindu/Buddhism		
Transcendental Meditation		
Clairvoyance/ESP		
Mind Control		
Voodoo/Hoodoo		
Santeria/Ifá		
Hypnosis		
Far East Sports/Judo		

OTHER AREAS	Past	Present
Rejection/Neglect/Abandonment		
Attempted Suicide		
Physical/Mental/Emotional Abuse		
Satanic Ritual Abuse (SRA)		
Murder (Attempted Murder)		
Self-Destruction or Self-Mutilation		
Self-Hate		
Inferiority		
Criminal Activity		

AREAS OF INVOLVEMENT

MENTAL FOCUS	Past	Present
Daydreaming		
Distraction		
ADHD (ADD)		
MPD (Multiple Personality Disorder)		
Confusion		

PRIDE	Past	Present
Arrogance		
Idleness		
Obstinacy (stubbornness)		
Defensiveness		
Controlling/Overbearing		
Boastfulness/Bragging		
Unteachable/Argumentative		

GRIEF	Past	Present
Excessive Mourning		
Sorrow		
Self-Pity		
Insomnia		

ENTERTAINMENT	Past	Present
Occult Movies and/or Violent Movies		
Pokemon, Bey Blades		
Furbee		
Dungeons & Dragons		
Other Role-Playing: Please List On Back		

SECRET SOCIETIES	Past	Present
Fraternity/Sorority		
Knights of Columbus		
Freemasonry/Shriners/DeMolay		
Eastern Star/Job's Daughters		
KKK		
* If ancestors are Involved List On Back		

OTHER	Past	Present
Tattoos: Please List What and Where On Back		
Piercings: Please List Where On Back		
Music Choice: Please List Genres On Back		

DEPRESSION	Past	Present
Fear/Doubt/Anxiety		
Nightmares		
Suspicion/Mistrust		
Fear of Man		
Introversion		
Stress		
Heaviness/Blackness		

CHARACTER ISSUES	Past	Present
Perfectionism		
Love of Money		
Rebellion		
Gossip		
Lying		
Stealing		
Cursing		
Bitterness		
Critical Spirit		
Unforgiveness		
Anger/Rage		
Revenge		
Envy/Jealousy		
Competition		
Submissive		

OTHER RELIGIONS	Past	Present
Zen		
Satanist		
Muslim		
Unitarian		
Unity Church		
Mormon and/or Scientology		
Jehovah's Witness		
Christian Science		
Moonies/Unification Church		
Hari Krishna		
The Way International		
Others: List Below		