

MOUNTAIN CHAPTER OF THE ORDER OF SAINT LUKE
P.O. Box 25116
Asheville, NC 28813
828-242-3260

CONFIDENTIAL PERSONAL INFORMATION FORM

Date: _____

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: (home) _____ (work) _____ (cell) _____

Occupation: _____

Marital Status: Never Married Married Divorced Separated Widowed

Spouse's first name: _____ Occupation: _____

Number of children: _____ Name(s) and age(s): _____

Are you a Christian? Yes No Uncertain

Have you been baptized in a Christian church? Yes No Do Not Know

Do you attend a church? Yes No

Church name _____ Denomination _____

How involved are you in your church? (Circle one) Very Active 1 2 3 4 5 Not involved

Do you know of anyone in your family tree who was involved in non-Christian teaching or who participated in occult practices? Yes No

I was referred by _____

Have you been in counseling? Yes No

Check the issues that pertain to you. Rate the degree of stress/urgency 1(low) to 5(high):

- | | | |
|--|---|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Financial Crisis | <input type="checkbox"/> Physical/Health Issues |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Anxiety/Fear | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Sexual Identity Issues |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Unforgiveness/Bitterness |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Marital Issues | <input type="checkbox"/> Workaholism |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Other (Please Describe) |

Life Crises (e.g., deaths, miscarriage, stillbirth, abortion, accidents, major illnesses) _____

Describe your support system _____

What are three adjectives that describe your mother _____

What are three adjectives that describe your father _____

What I needed most as a child was _____

What are adjectives that describe your feelings about the atmosphere in your current home _____

Why are you seeking prayer ministry at this time? _____

What would you like to see accomplished through prayer ministry? _____

Please return this form to the Mountain Chapter of the Order of St. Luke; P.O. Box 25116;

Asheville, NC 28813. You will then be contacted to arrange an appointment.

Please mark the days & times that are best for an appointment

_____ Monday	_____ AM	_____ PM
_____ Tuesday	_____ AM	_____ PM
_____ Wednesday	_____ AM	_____ PM
_____ Thursday	_____ AM	_____ PM
_____ Friday	_____ AM	_____ PM