BLUFF VIEW Church

Freedom Walk Life Experience & History

Beliefs:
Describe where you are at on your relationship with God:
What are your goals, or what do you hope is accomplished with your sessions with us?
Please rate your current level of hardship and pain; 1=WORST & 10=BEST: (Circle one)
1- 2-3-4-5-6-7-8-9-10
On scale of 1-10; 1=I'm comfortable where I am at/I don't care, & 10=I am desperate, (Circle one)
1- 2-3-4-5-6-7-8-9-10
Do you believe you can be restored to wholeness? how, or why not?
How committed are you to continuing a lifestyle of following Jesus Christ if He sets you free?
Home life as you grew up:
Were you raised in a home with mom and dad?
Single parent home? Mom and Stepdad? Dad and Stepmom?
Parents divorced or separated? If Divorced/separated, was there joint custody?
Visitation set up:
What was your parent's relationship like?

Describe any trauma involving siblings:

Were you in a foster home? Were you raised in a home w/other foster Children?
Describe any extended family living or others living with or visiting frequently in the home you were raised?
Were you adopted? Were you in an orphanage? Explain:
Any other sources of trauma (school, work, etc.)
Are there physical health issues that seem to be passed down from one generation to the ne or addiction in certain areas?:
Describe home life growing up:
What spiritual practices or beliefs were part of your home life?
Word Curses-were any negative words of phrases spoken over you throughout your life? (especially by people of authority over you, such as parents, teachers, etc.)
Describe your current home life. Who lives with you, and what is that relationship?
Describe any problems or painful memories when you were young:
Is there anyone in your life that you have bitterness, resentment or unforgiveness towards? List names, (can be you, God, or others)

Please print this form and bring it with you to your Freedom Walk Ministry session