



Biblical Restoration Ministries

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PERSONAL DATA SHEET CONFIDENTIAL

DATE: _____

Name: _____ Age _____ Birthdate ____/____/____ Sex _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email _____

Occupation: _____ Employer: _____

In emergency, notify: Name: _____ Phone: _____

Referred By: _____ Family Physician: _____

Medications Now Taking: _____

Marital Status: Never Married Married Separated Divorced Widowed

Name of Spouse: _____

FAMILY INFORMATION

Please list names and ages (or year deceased) of family members. Feel free to add any comments that would provide important information about your family. Additional space is available on the back of this sheet.

NAME	AGE	COMMENTS
Mother: _____		

Father: _____		
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Brothers/Sisters: _____		
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Your Children: _____		
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President Dr. Jim Logan

Galatians 6:1 • Restore Such a One...

Name: _____

QUESTIONNAIRE FOR THOSE DESIRING SPIRITUAL GROWTH

MARK THAT WHICH DESCRIBES YOU

1. TRAUMATIC EXPERIENCE

_____ in childhood
_____ as a teenager
_____ in adulthood

of what sort?

_____ sudden death of loved one
_____ postoperative shock
_____ shock due to an accident
_____ psychic shock
_____ physical attack/abuse
_____ psychological abuse
_____ sexual abuse
_____ other

(please specify): _____

2. EMOTIONAL PROBLEMS, CONFLICTS AND CONDITIONS

_____ in family relationships
_____ relationships to other person or people
_____ excessive or abnormal problems with:

_____ habit/condition (please specify): _____
_____ self-pity
_____ envy
_____ pride
_____ jealousy
_____ resentment
_____ bitterness
_____ thoughts of suicide
_____ doubt
_____ unbelief
_____ self-punishment (mental _____ physical _____)
_____ hatred and bitterness toward others, perhaps for no
justifiable reason
_____ tremendous hostility when encountering someone
Involved in deliverance work
_____ deep depression and despondency (frequently and timely)
_____ irrational fears - panic (phobias)
_____ irrational anger - rage
_____ irrational guilt - self-condemnation to the extreme
_____ other (please specify): _____

3. DESTRUCTIVE BEHAVIOR

- ☐ Desire to do right (inability to carry it out)
- ☐ Sudden personality and attitude changes (severe contrasts)
- ☐ A strong aversion toward Scripture reading and prayer (especially one on one)
- ☐ A dark countenance (steely or hollow look in the eyes - dilation or contraction of the pupils; sometimes facial features will contort or change, also an inability to look at others directly)
- ☐ Lying compulsively (often wondering why)
- ☐ Eating compulsively, bulimia, anorexia nervosa or gluttony
- ☐ Compulsive sexual sins (especially perversions)
- ☐ Irrational laughter
- ☐ Irrational crying
- ☐ Irrational violence - compulsion to hurt self and/or someone else
- ☐ Sudden speaking of a language not previously known by subject
- ☐ Reactions to the name and blood of Jesus Christ (verbally or body language)
- ☐ Lust
- ☐ Drinking
- ☐ Temper
- ☐ Constant criticism
- ☐ Stealing
- ☐ Drugs
- ☐ Gossip
- ☐ Blasphemy

4. IMMORAL CONDITIONS

(MAY BE SECONDARY CONDITIONS)

- ☐ homosexuality
- ☐ lesbianism
- ☐ bisexuality
- ☐ sodomy
- ☐ bestiality
- ☐ Indecent exposure
- ☐ adultery
- ☐ premarital sex
- ☐ incest
- ☐ desires to do any of the previous
- ☐ have pictures/books depicting the previous
- ☐ other (please specify): _____

5. OCCULT ACTIVITY/SPIRITUALISM

(PART OR PRESENT)

- ☐ Have you ever visited a fortune teller who told your fortune by: Cards _____ Tea Leaves _____ Palm Reading _____ other (please specify): _____
 - ☐ Do you read or follow the horoscope?
 - ☐ Have you ever attended a seance or a spiritualist meeting?
 - ☐ Have you ever played with games of an occult nature such as: ESP _____ kabala _____ Other (please specify): _____
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- ☐ Have you attended the developmental circle?
☐ Do you now, or have you ever had, a "spirit guide"?
☐ Have you ever seen or been involved in Satan worship?
☐ Are you now, or have you ever been, a practicing witch?
☐ Have you ever had an imaginary playmate?
☐ Have you practiced any of the martial arts (karate, etc.)?
☐ Have you practiced mind control as in Sylon, Pathways, Peace Organizations, Zen Buddhism, etc.?

6. CULTS WITH WHICH CONNECTED
(DIRECTLY OR INDIRECTLY)

- | | |
|--|--|
| <input type="checkbox"/> Herbert Armstrong | <input type="checkbox"/> Unitarian |
| <input type="checkbox"/> Hare Krishna | <input type="checkbox"/> Jehovah's Witness |
| <input type="checkbox"/> Scientology | <input type="checkbox"/> Transcendental Meditation |
| <input type="checkbox"/> Zen Buddhism | <input type="checkbox"/> Unification Church (Moon) |
| <input type="checkbox"/> Meher Baha | <input type="checkbox"/> Theosophy |
| <input type="checkbox"/> Hippie-ism | <input type="checkbox"/> Inner Peace Movement |
| <input type="checkbox"/> Rosicrucians | <input type="checkbox"/> Spiritual Frontier Fellowship |
| <input type="checkbox"/> Mormons | <input type="checkbox"/> Children of God |
| <input type="checkbox"/> Christian Scientist | <input type="checkbox"/> Religious Research of America |
| <input type="checkbox"/> Masonic Influence | <input type="checkbox"/> EST |
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> The Way |
| <input type="checkbox"/> The Third Way (Gurdjieff) | <input type="checkbox"/> The Local Church |
| <input type="checkbox"/> Unity | <input type="checkbox"/> "I Ching" |
| <input type="checkbox"/> Metropolitan Community Church
(MCC -homosexual church) | <input type="checkbox"/> Other (please specify): _____ |

7. CONDEMNATION/GUILT

- ☐ Past sins
☐ Fear of committing the unpardonable sin
☐ Divorce/remarriage
☐ Abortion
☐ Other (please specify): _____

8. DRUGS

Are you, or have you ever been, a drug user/pusher?

- | | | | |
|---|--|----------------------------------|--|
| <input type="checkbox"/> Amphetamines
(uppers) | <input type="checkbox"/> LSD | <input type="checkbox"/> THC | <input type="checkbox"/> Pain Killers
(addiction) |
| <input type="checkbox"/> Nembutal
(downers) | <input type="checkbox"/> STP | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Glue Sniffing |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Heroin | <input type="checkbox"/> PCP | <input type="checkbox"/> Hashish |
| | <input type="checkbox"/> Methedrine | <input type="checkbox"/> Peyote | |
| | <input type="checkbox"/> Other (please specify): _____ | | |

9. NEGATIVE THOUGHTS

- _____ Extremely low self-image (unworthy, a failure, no good)
- _____ Constant confusion in thinking
- _____ Inability to believe (even when the person wants to)
- _____ Mocking and blasphemous thoughts toward preaching/teaching of the Word of God
- _____ Perceptual distortions -- perceiving anger, hostility, on others when it doesn't really exist
- _____ Horrible nightmares causing fear
- _____ Violent thoughts (suicidal, self-abuse, etc.)

10. CONSCIOUSNESS PROBLEMS

- _____ Loss of time (from minutes to hours - ending up someplace, not knowing how you got there)
- _____ Extreme sleepiness around spiritual things
- _____ Demonstration of extraordinary abilities (either ESP or Telekinesis)
- _____ Voices are heard in the mind (they mock, intimidate, accuse, threaten or bargain)
- _____ Conversations heard in the mind
- _____ Voice speaking from the subject refers to him/her in the third person
- _____ Seeming lack of control over words and/or actions
- _____ Supernatural experiences - hauntings, movement or disappearance of objects, other strange manifestations

11. ABNORMAL MEDICAL PROBLEMS

- _____ Seizures (too long and/or too regular)
- _____ Pain (without justifiable explanation - especially in head and/or stomach)
- _____ Blackouts
- _____ Physical ailments may be alleviated by command immediately (i.e. epileptic seizure, asthma attacks, pain)
- _____ Sudden interference with bodily functions (temporary) buzzing in ears, inability to speak or hear, increased hypersensitivity in hearing or touch, sudden chills or overheating of body dryness in mouth, numbness in arms or legs

<i>Reason for your visit with us:</i> _____

Where do you attend church? Please record your Pastor's name, church address and phone number: