

Freedom Ministry Pre-Appointment Information and Confidential Personal Inventory (CPI)

You have made a request to have a personal appointment to go through the Steps to Freedom in Christ. To assure that your appointment will be as meaningful as possible, here is some helpful information and preparatory steps for you to take.

Freedom Appointment Explanation:

This Confidential Personal Inventory (CPI) has a double purpose. It is a preparatory step for you, by helping you focus on issues to pray about as you go through your Freedom Appointment. It will also help the Encourager prayerfully prepare for your appointment.

The appointment itself is really a quiet time with God. You will be helped to resolve issues from your past and present. You will be led to firmly establish your identity in Christ so that you may know that you are totally forgiven, loved and empowered to live for Him.

You will be led to pray through the Steps to Freedom in Christ, covering seven areas of life where Satan has taken advantage of all of us in one way or another. The session normally takes from three to five hours. There will be an Encourager to guide you through the process, but the healing and empowering will come as you prayerfully confess and renounce sin or bondage in your life and then verbally affirm God's truth that stands in opposition to the enemy's lies. There will also be a "Prayer Partner" in the appointment for the purpose of supportive prayer throughout the appointment. Everyone present will be committed to maintain confidentiality and has signed a confidentiality agreement.

Most important, God is in the session. We commit the entire time to Him and trust Him to reveal the issues that need to be dealt with so that you can be helped toward resolution of those areas.

Completing Required Confidential Information:

Complete and send the attached "Confidential Personal Inventory" (CPI) along with the Availability Information Form to:

Director of Freedom Ministry

*Faith Church
1800 12th St. SW
Austin, MN 55912*

If you do not hear back from us within two weeks of sending us this completed paperwork, please contact Tim Batdorf at 507-396-2217

Personal Preparation

While advice and encouragement may be given along the way, that is not the focus of this appointment. It is your personal spiritual encounter with the Wonderful Counselor. Therefore, it is essential for you to have a good understanding of the spiritual world in which we live, who we are in Christ, and why and how we can stand against the evil one and be strong in Christ.

Every person has a life history to deal with that has taken years to develop. Rather than rush into the session unprepared, it is wise to take whatever time necessary to establish a spiritual foundation of the Biblical truths that can set you free as you go through the Steps.

There are various ways to accomplish this. It is helpful to complete the attached Bible Study while you wait for your appointment. You may also begin reading “The Bondage Breaker” by Dr. Neil Anderson. (For easier reading, some people prefer to read “The Bondage Breaker-Youth Edition,” by Dr. Neil Anderson and Dave Park.) This book can be purchased on your own or you may borrow a copy from our Care Ministries library by contacting Tim Batdorf (507-437-1000).

God may bring more issues to your mind during your appointment. Come ready to be totally open and honest in order to gain the greatest help. It is natural to sense some apprehension as you anticipate your appointment, but you will find an atmosphere of love and acceptance there.

If you have any questions, please call Tim Batdorf at 507-437-1000.

Freedom Ministry Confidential Personal Inventory (CPI)

Please use ink to complete!!!

Name	Sex	Age
Address		
City	State	Zip
Day Phone	Evening Phone	
Email Address	May we use email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we leave a message?	Day Phone <input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Phone <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regularly attend Faith Church? <input type="checkbox"/> No <input type="checkbox"/> Yes – How Long?		
Current Church Name (if not Faith Church):		City:
Referred to Freedom Ministry by:		
Vocation Present		
Past		
Highest Level of Education	<input type="checkbox"/> High School	<input type="checkbox"/> Technical School <input type="checkbox"/> College
	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral <input type="checkbox"/> Other:
Have you previously been through a Freedom Appointment? <input type="checkbox"/> No <input type="checkbox"/> Yes – When?		
Name of Facilitator:		Where?

My Understanding

I understand that my participation in completing this Confidential Personal Inventory and in the appointment is totally voluntary on my part. I understand that the person who will lead me through the appointment is not necessarily a professional counselor or therapist, but a fellow Christian who is making himself/herself available to pray with me and guide me through the session. Therefore, I voluntarily ask for this appointment and assume responsibility for my responses as a result of this prayer ministry.

Signed _____ Date: _____

*** OFFICE USE ONLY ***

Initial Contact Date	Date CPI Sent	Date CPI Returned
Encourager: _____	Prayer Partner _____	
Date Appointment Completed _____		

1. **Employment**

Do you work outside of the home? Yes No

If Yes, where?

2. **Marital Status**

a. Currently Married Number of years
 Previously Married Number of years

a) Children-current marriage: Names (optional) and ages:

b) Children-previous marriage: Names (optional) and ages:

3. **Why are you requesting an appointment?**

Please explain why you are requesting this personal Freedom Appointment:

4. **Problem Issues**

Please check any of the following emotions you have had or are presently having difficulty controlling, and also **circle those you feel are greatest areas of concern.**

- frustration anger anxiety
- loneliness worthlessness depression
- hatred bitterness fearfulness
- hopelessness rejection abandonment
- insecurity insignificance
- other _____

5. **Family History**

- a. Were you adopted? No Yes
- b. Are/were your parents born-again Christians? No Yes
 If so, do/did they profess and live their Christianity? No Yes
- c. Are/were your parents divorced? No Yes
- d. Who was the authority figure in your home? Father Mother Other

- e. Have your parents, grandparents or great-grandparents ever been involved in any occult, cultic or non-Christian religious practices? No Yes - please explain

- f. Identify your parent's position on the following:

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing/modesty					
Sanctify of sex inside marriage					
Dating					
Movies					
Music					
Use of Alcohol					
Use of non-prescription drugs					
Use of tobacco					
Church attendance					
Free Will					

- g. Identify the sex and age of your sibling(s) and place the list in birth order (oldest → youngest)

Child	Sex	Age
1)		
2)		
3)		
4)		
5)		
6)		
7)		

- h. Describe the emotional atmosphere in your home while you were growing up. Include a brief description of your relationship with your parent(s) and sibling(s)

6. **Health**

- a. Is there a history of ongoing physical illness in your family? Yes No

If yes, please list specific disease(s) _____

- b. Is there a history of mental illness? Yes No
If yes, please explain briefly _____

- c. Is there a history of addictive problems? Yes No
If yes, to what? _____

- d. Have you been impacted by an abortion? Yes No
- e. Have you been impacted by homosexuality? Yes No
- f. Describe your general health: _____

g. List medication(s) you are taking and the purpose for which you are using them:

Medication	Purpose

7. Lifestyle Pursuits

a. Do you feel there is balance in your life in regard to the amount of time you spend in the following areas:

	Yes	No
Spouse		
Family		
Friends		
Recreation/hobbies		
Christian activity/church		
Personal time with God		
Work		

- b. Do you get adequate rest? Yes No
- c. Do you have problems sleeping at night? Yes No
- d. Do you primarily eat balanced nutritional meals? Yes No
- e. Do you have any unusual eating habits? Yes No

f. Identify addictive problems or cravings you are dealing with, if any:

g. Identify moral problems you are dealing with, if any:

h. Have you experienced abuse or trauma? Yes No

If yes, please explain: _____

8. Spiritual Issues

a. Have you received Jesus Christ as your personal savior? Yes No

b. When did you receive Christ? _____

c. How do you know that you have received Christ?

d. Are you plagued with doubts concerning your salvation? Yes No

If yes, please explain: _____

e. How do you view God? (Distant? Harsh? Judging? Loving? Near?)

f. Do you usually have a personal Bible reading and prayer time? Yes No

g. Are there additional ways in which you are enjoying fellowship with other Christian believers?

Yes No - When and where? _____

h. Do you find prayer difficult? Yes No

If yes, please explain: _____

i. Do you find Bible reading difficult? Yes No

If yes, please explain: _____

9. NON-CHRISTIAN SPIRITUAL EXPERIENCE HISTORY

(Please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Astral-projection (out-of-body)
<input type="checkbox"/> Astrology
<input type="checkbox"/> Automatic writing
<input type="checkbox"/> Bahaism
<input type="checkbox"/> Black and white magic
<input type="checkbox"/> Black Muslim
<input type="checkbox"/> Blood pacts or cut yourself in a destructive way
<input type="checkbox"/> Bloody Mary
<input type="checkbox"/> Children of God
<input type="checkbox"/> Christian Science
<input type="checkbox"/> Church of the Living Word
<input type="checkbox"/> Clairvoyance
<input type="checkbox"/> Dungeons and Dragons
<input type="checkbox"/> Eastern Star / Demolay / Job's Daughters
<input type="checkbox"/> Eckankar
<input type="checkbox"/> EST (The Forum)
<input type="checkbox"/> Father Divine
<input type="checkbox"/> Fetishism (objects of worship)
<input type="checkbox"/> Fortune telling
<input type="checkbox"/> Ghosts
<input type="checkbox"/> Hare Krishna
<input type="checkbox"/> Herbert W. Armstrong
<input type="checkbox"/> Hinduism | <input type="checkbox"/> Horoscopes
<input type="checkbox"/> Incubi and succubi (sexual spirits)
<input type="checkbox"/> Islam
<input type="checkbox"/> Jehovah's Witness
<input type="checkbox"/> Magic eight ball
<input type="checkbox"/> Masons/Shriners
<input type="checkbox"/> Materialization
<input type="checkbox"/> Mental suggestions or attempting to swap minds
<input type="checkbox"/> Mormonism
<input type="checkbox"/> Native American Spirit Worship
<input type="checkbox"/> New Age
<input type="checkbox"/> New age medicine
<input type="checkbox"/> New Warriors
<input type="checkbox"/> Ouija board
<input type="checkbox"/> Paganism
<input type="checkbox"/> Palm or tea leaves reading
<input type="checkbox"/> Psychics
<input type="checkbox"/> Rod & pendulum (dowsing)
<input type="checkbox"/> Rosicrucianism
<input type="checkbox"/> Roy Masters
<input type="checkbox"/> Satanic Books, Movies, Music, Videos
<input type="checkbox"/> Science of Creative Intelligence | <input type="checkbox"/> Science of the Mind
<input type="checkbox"/> Scientology
<input type="checkbox"/> Séance
<input type="checkbox"/> Secret Oaths
<input type="checkbox"/> Self hypnosis
<input type="checkbox"/> Silva Mind Control
<input type="checkbox"/> Speaking in trance
<input type="checkbox"/> Spirit guides
<input type="checkbox"/> Swedenborgianism
<input type="checkbox"/> Table lifting or body lifting
<input type="checkbox"/> Tarot cards
<input type="checkbox"/> Telepathy
<input type="checkbox"/> The Way International
<input type="checkbox"/> Theosophical Society
<input type="checkbox"/> Transcendental Meditation
<input type="checkbox"/> Unification Church
<input type="checkbox"/> Unitarianism
<input type="checkbox"/> Unity
<input type="checkbox"/> Voodoo
<input type="checkbox"/> Witness Lee
<input type="checkbox"/> Yoga
<input type="checkbox"/> Zen Buddhism
<input type="checkbox"/> Others:
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|---|---|---|

- a. Have you ever been hypnotized, attended a New Age or parapsychology seminar, consulted a medium, spiritist or channeler? Explain.

- b. Do you have or have you ever had an imaginary friend or spirit guide offering you guidance or companionship? Explain.

- c. Have you ever heard voices in your mind or had repeating and nagging thoughts that were foreign to what you believe or feel, like there was a dialogue going on in your head? Explain.

- d. What other spiritual experiences have you had that would be considered out of the ordinary?

Availability Information Form

To help our schedulers in setting up your appointment, please complete the following availability information.

Name _____

() _____
Daytime phone with area code

() _____
Evening phone with area code

E-mail address _____

As a rule, I am typically AVAILABLE the following times for an appointment:

	MON	TUES	WED	THURS	FRI
MORNING					
AFTERNOON					
EVENING					

There are specific dates and times I know I AM NOT AVAILABLE for appointments:

The BEST TIME TO CALL me to discuss an appointment is:

May we leave a message? Yes No