

Restoring Hearts Ministries

"Empowerment Training for Marketplace Ministry as a Lifestyle."

Empowerment Pathways

Confidential Ministry Form

"Let God arise, Let His enemies be scattered"

Date: _____

Name: _____ M ___ F ___

Phone: _____ Date of birth _____

Street: _____

City: _____ State: _ Zip: _____

Check one: Married ___ Separated ___ Widowed ___ Divorced ___ Single _____

Ethnic Background: _____

Religious Background: _____

Ministry Need: _____

Disease Diagnoses: _____

Date of onset disease: _____

Symptoms: _____

Any known trauma prior to onset of disease? _____

Medications: _____

Describe relationship with Dad: _____

Describe relationship with Mom: _____

What do you think and say about yourself? _____

Describe relationship with God the Father: _____

List any major traumas in your life: _____

List any occult practices that you or family has been involved in: _____

List any other issues that you feel are important to your restoration: _____
