

Centre for Restoring Hope
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YOU HAVE A RIGHT TO KNOW:
Disclosure Information and Agreement to the Ministry Process

Pastoral Ministry Our model of prayer ministry is primarily pastoral. We base our ministry on principles of scripture and depend on gifts of the Holy Spirit to help us understand the bitter roots which are causing problems, to forgive those who have wounded us and to receive forgiveness for judging those who have wounded us. Academic insights are used when they coincide with scriptural principles.

Prayer Person Intern

As you are participating in ministry sessions, you may have the opportunity to be working with your prayer minister and a qualified (prayer person intern). Please be assured that we always adhere to a strict policy of confidentiality, which includes the (prayer person intern).

Insurance We do not know if an insurance carrier will allow payment for the services of *Centre for Restoring Hope Inc.* It is the responsibility of the client to consult with their insurance carrier. *No one on staff is a licensed clinical psychologist or psychiatrist.*

Appointment Time Whereas a counseling session is universally recognized as consisting of 45-50 minutes, each "ministry session time" may vary from 1 ½ to 3 hours. The intensive week consists of 3 hours per day for 5 days for a total of 15 hours.

Satisfaction or Non-Satisfaction of Services Rendered Ministry is more art than science therapeutically speaking, and its outcome depends on a number of factors. Therefore, it is understood as a person enters into a relationship with the prayer minister, the prayer ministry provides an opportunity for healing in which no promises or guarantees can be made relative to the outcome or personal satisfaction.

The readiness for prayer ministry, as well as secular counseling, cannot guarantee what your response will be to discovering trauma that was repressed or dissociated. While there is some risk of pain in identifying the roots of our behaviors, obviously we believe in the value of prayer ministry to prevent patterns of hurt in our life going on and on. The client, of course, always has the privilege of termination at any time for any reason. Prayer ministers may refuse prayer ministry services or refer clients as deemed necessary.

Supervised Care Those receiving ministry and coming with their children are responsible for their own care. Centre for Restoring Hope Ministries provides offices for prayer ministry, but does not have facilities or staff for providing overnight or supervised care. Should that become needed, then one alternative we can provide is referral to the local hospital if family is not present to assume responsibility.

Follow-Up ~ ministry of out of town clients is regretfully very limited.

Fee for service ~ Sixty Dollars Per Hour (\$60.00 per hour)

Permission, Confidentiality, Duty to Protect & Report I do hereby give permission for the prayer minister to consult with other members of the ministry staff as needed (names are not used). It is with this understanding that the undersigned does enter into a prayer ministry relationship and assumes the responsibilities as set forth. I understand my right to confidentiality will be respected. No information will be disclosed without my written consent unless as preempted or required by law. The legal duty of care imposed on the prayer minister is:

- a. Report instances of child physical or sexual abuse, or neglect.
- b. Reasons to believe the patient may harm another person or may be imminently suicidal.

Agreed and acknowledged RIGHT TO KNOW by _____ / / /
(Signature) (Date)

I have a copy of this agreement for my records. _____ / / /
(Signature) (Date)

Centre for Restoring Hope
LIFE HISTORY QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions as fully and accurately as you can, you will more efficiently facilitate your therapeutic program. This questionnaire will save you both time and expense. You are requested to answer these routine questions in your own time, instead of using up your actual ministry time.

It is understandable that you might be concerned about what happens to the information about you, as much or all of it is highly personal. Case records are strictly confidential.

No outsider, not even your closest relative or family doctor, is permitted to see your case record without your written permission.

IMPORTANT: If you do not desire to answer any question, write "Do not care to answer." Also, if some particular question does not apply to you, simply write "NA" in the space provided.

Where did you hear about Centre for Restoring Hope?

1. GENERAL INFORMATION

Name: _____ E-Mail _____
Address: _____
City: _____ Province: _____ Postal/Zip: _____
Area Code & Phone: (Home) _____ (Work) _____ Fax: _____
Date of Birth: _____ Occupation: _____
Spouses Name: _____ Spouses Date of Birth: _____
Date of marriage: _____ How Long Have You Been A Christian: _____
Religious Denomination: _____ (Regular (Occasional (Never

With whom are you now living? (List people; names, ages & occupations. If they are students, indicate what grade)

List (3) people not mentioned above who are important (close) to you and what draws you to them

Marital Status: Single Engaged Married Separated
 Remarried Divorced Widowed

How strongly do you want ministry for your problem?

Very Much Much Moderately Could Do Without, if necessary.

2. CLINICAL

You can help us save time by explaining in your own words some things about your problem. Please be as specific as possible. A few particular examples of how the problem comes up would be valuable.

State in your own words the nature of your *chief concern*. (Additional writing space on back of each page.)

If your problem is something that you think happens too often, state approximately how often it occurs, how long it lasts, and any other information you feel might be helpful in understanding your problem.

If your problem concerns something not happening as often as you would like, state what you would like to see happen more often, how often you think it should occur, etc.

If you have had previous counseling or ministry for this problem, state with whom and describe the outcome.

With whom else have you discussed this problem?

3. DEVELOPMENTAL INFORMATION

Date and place of birth: _____

Approximately how many times did your family move when you were young? _____

Since you left your parental home how many times have you moved? _____

Your age when you left? _____

Childhood:

1. ***Mother's condition during pregnancy with you.*** (As far as you know, did she have any accidents, illnesses, operations, fears or phobias about this pregnancy, etc.)?

Were you born: premature overdue on schedule
 natural cesarean breech
 forceps (used) forceps (not used)

Was the pregnancy planned and desired? _____

Did your parents want a boy or girl? _____

Were there any miscarriages, still born or abortions previous to your being conceived? If yes state:
how many, when, the sex, (explain)

2. Underline any of the following that applied during your childhood:

fears, nail-biting, bed wetting, sleep-walking, night-terrors, happy childhood,
unhappy childhood, thumb-sucking, stammering, no memories of childhood
Other: _____

Health:

1. Health during childhood: _____
2. List childhood illnesses: _____
3. Health during adolescence: _____
4. List adolescent disabilities: _____
5. List physical disabilities: _____

6. How do any of these health issues relate to your present problem?

7. Your present Height _____ : Weight: _____

8. List any surgical operations and at what age they occurred:

Have you had an abortion or miscarriage?

(Men): Has a past/present partner ever aborted/miscarried a baby of yours?

9. List all prescription and non-prescription drugs (including street drugs) you now take or have taken (include dosage & what the drug is/was taken for):

10. When was the last time you felt well, both physically and emotionally, for a fair amount of time? Explain.

11. Underline any of the following that apply to you:

headaches, dizziness, fainting spells, palpitations, stomach trouble, no appetite, bowel disturbances, fatigue, insomnia, nightmares, take sedatives, alcoholism, feel tense, feel panic, tremors, depressed, suicidal ideas, prescription drugs, street drugs, unable to relax, sexual problems, financial problems, don't like weekends, and vacations, over ambitious, unable to have a good time, shyness, can't make friends, feel lonely, can't make decisions, can't keep a job, inferiority feelings, home conditions bad, hear voices. Other: _____.

4. AVOCATIONAL INTERESTS

Games and interests during childhood (including make-believe):

Interests and hobbies during adolescence:

Athletic interests and/or accomplishments:

Present interests, hobbies, activities, organizations:

Present use of free time:

5. EDUCATION

(For additional writing space, use back side of this page)

Last grade or year completed: _____ Date: _____

Degree(s) _____ Date: _____

College Courses & Dates: _____

Relationship to school mates: _____

Scholastic abilities & disabilities: _____

Were you ever bullied, or given a nick-name? Please explain briefly

Do you make friends easily? Do you keep them?

6. OCCUPATION

Age when you started working: _____

Jobs held (chronological order and reasons for change, use back of sheet if needed or attach copy of resume)

How long employed in present job? _____

Does your present work satisfy you? Why or why not? (If not, in what ways are you dissatisfied?)

What do you and your spouse earn per annum? _____

Ambitions and Aspirations:

7. SEX INFORMATION

Parental attitudes toward sex. (For example, how was sex instructed or discussed in the home?)

When and how did you derive your first knowledge of sex?

When and how did you first become aware of your sexual impulses?

Have you ever masturbated? _____ Did you ever experience any anxieties or guilt feelings or trauma arising out of masturbation? If yes, please explain.

Were you sexually active prior to marriage? _____ At what age did you become active? _____
(Willingly or Unwillingly)? _____ (Willingly or Unwillingly)? _____

Did you ever experience any anxieties or guilt feelings or trauma arising out of a sexual experience with the opposite sex? If yes, please explain.

Have you had any exposure/involvement in homosexuality? _____ Did you ever experience any anxieties or guilt feelings or trauma arising out of sexual experience with the same sex (homosexuality)? If yes, please explain.

Menstrual History: Age at first period _____

Were you informed, or did it come as a shock? _____

Are you regular? _____ Duration _____

Do you have pain? _____ Do your periods affect your moods? _____ How? _____

Do you suffer with: _____ PMS? _____ Menopause?
Rate on a scale of 1 - 10 (1 being the minimal effect) _____

Have you experienced any form of sexual abuse? (Explain)

Is there any question or concern you have about sex past, present or future, or sexual identity?

Have you ever had or feared having a sexually transmitted disease? (If yes please explain)

How many sexual partners have you had {list them by first names only } use back of this sheet if needed.

8. MARITAL HISTORY (Present Marriage)

How long did you know your marriage partner before engagement? _____

How long were you engaged? _____ How long have you been married? _____

Why did you get married?

Describe your spouses character (*before & after marriage*):

What *I liked* the first few years:

What *my mate liked* the first few years:

What *I disliked* the first few years:

What *my mate disliked* the first few years:

What *I have liked* the last few months:

What *I have disliked* the last few months:

What *my mate has liked/disliked* the last few months:

8. MARITAL HISTORY (Present Marriage) (Continued)

In what areas are you and your mate *most compatible*?

In what areas is there *incompatibility*?

How do you get along with your in-laws (including brother/sister-in-laws):

Do you believe your spouse has separated from the original family system and bonded with you in marriage? (Explain)

Have you been fully able to leave your parents (emotionally, spiritually, financially, etc) and cleave to your spouse? (Explain)

Give specific examples of those things you would *like to see your spouse do more often* (e.g., take the garbage out, bring you a cup of coffee when you have just sat down to relax, hold you, etc.):

Give three specific examples of things you would *like to see your spouse stop doing* (three particular things that irritate you.):

Please list the names of your children, from the oldest to youngest: State if any of these children are from a previous marriage, adopted, handicapped, etc. Also, in birth order, please include any miscarriages or abortions

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Marital Status</u>	<u>Job</u>	<u>Describe Each Person</u>
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(If you need more space...Use Back of This Page)

8. MARITAL HISTORY (Previous Marriages:)

When were you first married and for how long?

Previous Spouses Name: _____ Age: _____

How long did you know your previous spouse before engagement? _____

How long were you engaged? _____

Please describe something you *liked and disliked* about your previous mate:

What I *liked*:

What I *disliked*:

Please describe something of what your previous mate *liked & disliked* about you:

What *he/she* *liked*:

What *he/she* *disliked*:

What ended the relationship? Please explain.

Do you have any regrets or unresolved issues?

9. FAMILY DATA

List all of your brothers and sisters from oldest to youngest, *including yourself*. Please list in birth order, including any miscarriages, or abortions that you know of.

Name Sex Age Marital Status Job Describe Each Person

(On Back of This Page "List your Spouse"& his/her brothers & sisters from oldest to youngest)

What is your relationship with your brothers and sisters?

Past:

Present:

Which brother or sister is *most like you*, and in what respect?.

Which brother or sister is *most different from you*, and in what respect?.

Who played together?

List any accidents or illnesses (bumps to head, hospitalizations, etc.)

9. FAMILY DATA (Continued):

"Father" here means the man who took primary responsibility for raising you if that is a different person than your biological father, please describe what you know of your biological father on the back of this page, and describe your father on this page.

Father's Name _____ Current Age _____
Occupation _____ Health: Good Average _____
Christian or non-Christian _____ Parents Date of Marriage: _____
If deceased, cause of death and age at death _____
Your age at the time _____ Have you grieved? (Explain)

Kind of person:

His ambition for the children:

His relationship to the children:

His relationship to your Mother (His Wife):

His favorite child (Explain):

Which child was *most like Dad?* How?

Which child was *most different from Dad?* How?

As a child, *what I liked about Dad:*

As a child, *what I disliked about Dad:*

What dad *liked/disliked about me:*

9. FAMILY DATA (Continued)

"**Mother**" here means the woman who took primary responsibility for raising you. If that is a different person than your biological mother, please describe what you know of your biological mother on the back of this page, and describe your mother here.

Mother's Name: _____ Current Age _____
Occupation _____ Health: Good Average Poor _____
Christian or non-Christian _____ Parents Date of Marriage _____
If deceased, cause of death and age at death _____
Your age at the time _____ Have you grieved? (Explain)

Kind of person:

Her ambition for the children:

Her relationship to the children:

Her relationship to your Father (Her Husband):

Her favorite child (Explain):

Which child was *most like Mom*? How?

Which child was *most different from Mom*? How?

As a child, *what I liked about Mom*:

As a child, *what I disliked about Mom*:

What mom *liked/disliked about me*:

9. FAMILY DATA (Continued)

As a child, in what ways were you punished or disciplined by your parents?

Give an impression of your home atmosphere (the home in which your grew up)

Were you able to confide in your parents? Explain.

If you were not brought up by your parents ~ who raised you? Between what years?

If you were raised by your parents, was there another parental figure? (i.e. an older sibling, grandparent, etc.)

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc. ?

Does any member of your family suffer from alcoholism, eating disorders, drug addictions, or anything which can be considered a "mental disorder"?

Does anyone in the family suffer from dyslexia? Explain.

Are there any other members of the family about whom information regarding illness, etc., is relevant?

List any fearful or distressing experiences not previously mentioned:

Do you see yourself as worthy, lovable, acceptable, good enough? Explain

Is there any abuse in your family? (Physical, Sexual, Spiritual, Emotional, Verbal???) Explain.

(Write on Back of this Page)

10. SELF DESCRIPTION

In what kinds of situations do you *most readily lose self-control*? (Site particular instances if at all possible. Examples might be temper, uncontrollable crying, impatience, withdrawal, screaming, nurse and rehearse ways to get even, etc.)

In which situations are you best able to *maintain self-control*?

How do you believe you would be described by

Your spouse:

Your best friend:

Your worst enemy (even if you don't really have one):

Yourself..

Complete the following sentences:

1. As a child, I....
2. For me, school was....
3. My childhood fears were....
4. My childhood ambitions were...
5. My role in my group of friends was....
6. The significant events in my physical and sexual development were...
7. The significant events in my social development were....
8. The most important values in my family were....
9. What stands out the most for me about my family life is.....
10. My parents' relationship to each other was....
11. My brother' and sister' relationships to Dad were....
12. My brother' and sister' relationships to Mother were
13. Today, I see myself as....

Look at the ways that children are wounded, on both worksheets; Blessings Not Given and Hurtful Things Done.
 Use a check mark in the left-hand column under D for Dad or M for Mom to identify where you experienced similar wounding.
 Then in the right hand column place a check mark under:

[1] Where you wound others

[2] Where you still receive wounding

D	M	BLESSINGS NOT GIVEN	1	2
		Did not seek what was best for the children, and giving it, even if it meant sacrificing their needs.		
		Did not speak words of affirmation, praise, encouragement, blessing, and value.		
		Did not give affectionate touch freely and often		
		Did not approach life as an adventure		
		Did not teach appreciation of Beauty, Music, Art, Nature		
		Did not have regular family gatherings		
		Did not use appropriate discipline		
		Did not communicate; speaking in ways that are understandable and consistent		
		Did not make themselves known and share their hearts in appropriate ways		
		Lack of light heartedness; laughter, fun, tickles, wrestling, humor		
		Lack of security; a home that was not physically, emotionally and spiritually safe		
		Not valuing us and relationship more than family image, or money, or addictions		
		Not working and playing together		
		Did not say "Forgive Me"		
		Did not say "I love you"		
		Did not make times a celebration		
		Not doing things just for fun		
		Lack of flexibility		
-		Living in God's Kingdom		
		Did not teach us how to worship in church		
		Did not teach us how to worship and dance at home		
		Did not read and teach the scriptures		
		Did not have bedtime prayers		
		Did not pray to and speak of Jesus as part of every day		
		Did not give thanksgiving at meals		
		Did not model forgiveness		
		Did not pray and speak blessing over our lives and the lives of others including those people considered enemies		
		Teaching and Modeling		
		Did not teach us how to trust in god during a crisis		
		Did not teach us how to communicate and share our hearts		
		Did not teach us how to resolve conflict together as a family		
		Did not teach us how to be a husband or wife		
		Did not teach us how to handle money		
		Did not teach about sexuality		

D	M	HURTFUL THINGS DONE TO US	1	2
		Father absent (physically or emotionally)		
		Mother absent (physically or emotionally)		
		Not defended		
		Abandoned or rejected (physically, emotionally, or verbally)		
		Parent(s) not wanting a child		
		Not wanting a child your sex		
		Wanting a child for selfish reasons (e.g. to save a marriage, or find purpose)		
		A parent being the reason that home was an insecure or unsafe place		
		Blaming		
		Not being allowed to speak		
		Parent(s) being closed off to closeness, unwilling to make themselves known		
		Parent(s) sharing things that were inappropriate or burdensome for a child		
		Overly serious about life		
		Inflexible/rigid parenting		
		Religiousness		
		Control		
		Manipulation		
		Acceptance conditional or not at all		
		Made to be responsible for parents emotional well being or for siblings		
		Abuse		
		Verbal		
		Physical		
		Sexual		
		Neglect		
		Violence/Anger		
		Parent(s) toward yourself		
		Parent(s) toward brothers/sisters		
		Parent(s) against each other		
		Siblings toward you, or each other, or a parent		
		Other violence		
		Silence		
		Arguments and conflict		
		Passive anger or resistance		
		Addictions		
		Addictions to sex (e.g. pornography, masturbation, adultery, forced or unclean sex between parents)		
		Addictions to a substance (e.g. food, drugs, alcohol, adrenaline)		
		Addictions to an activity (e.g. work, church, hobbies, T.V. computer)		