



Dear Ministry Recipient,

We are pleased to hear that you desire to have a “Freedom Appointment” using the Steps to Freedom in Christ. In order to prepare for an appointment, please take note of the following:

Complete the Freedom Appointment Form, attached for your convenience, as completely and accurately as possible and return to Set Free Ministries in order to process your request. *This information will be shared only with your prayer team that will be assisting during your Freedom Appointment.*

NOTE: Any information that you share will be guarded with the strictest confidentiality.

Please plan on at least a five-hour block of time to complete the process in one appointment. We suggest you bring a lunch. Coffee and water are provided.

For more information on Freedom Ministry, we recommend two books, “Victory Over the Darkness” by Dr. Neil T. Anderson and “The Invisible War” by Chip Ingram. Both are excellent books to read to help you better understand spiritual warfare.

Prepare yourself with prayer and God’s Word. It would be good to study the verses that correspond to the “In Christ” Statements (found in on the last page of this form).

We always have an Encourager and a Prayer Partner involved in each freedom appointment. They have been through special training to meet the requirements for a Freedom Appointment.

Please indicate what day(s) work best for you, and we will try to schedule accordingly. **Freedom Appointments are facilitated on Mondays through Thursdays starting at 9:00 am.**

It is not unusual to experience increased spiritual oppression before an appointment. The Enemy does not want you to experience the fullness of freedom, but God assures you that you have authority to resist those attacks in Jesus’ name (James 4:7; 1 John 4:4b). We will be in prayer with and for you.

It will be an honor for us to serve you in this way and to be part of what Christ is doing, and will continue to do, in your life. We look forward to meeting with you soon.

God Bless,

*Dean*

Dean Vander Mey  
Executive Director

*where the hurting and the Healer connect...*



*where the hurting and the Healer connect...*



PRE-APPOINTMENT QUESTIONNAIRE

**\*\*Available for appointments:** please check as many as applicable: **Mon**\_\_ **Tues**\_\_ **Wed**\_\_ **Thurs**\_\_  
**\*\*Freedom Appointments are facilitated Mondays through Thursdays. Start time 9:00 am. Takes about 5 hours\*\***

**(PLEASE PRINT CLEARLY & USE INK)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_  
 Male \_\_ Female \_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Education \_\_\_\_ Years Ethnicity \_\_\_\_\_  
 \_\_\_\_\_

Are you a Christian? Yes__ No__	How many years? ____ years	Do you attend church regularly? Yes__ No__
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On a scale of 1 to 10, how would you rate yourself in the following areas? (1 is no problem 10 is severe problem)

	1	2	3	4	5	6	7	8	9	10
1. Depression (Hopelessness)										
2. Anxiety										
3. Fear (Irrational)										
4. Anger (Unhealthy)										
5. Tormenting thoughts and voices										
6. Habits and/or behavior over which you have little control										
7. Self Esteem										
8. Ability to function in daily activities										
9. Satisfaction in relationships										
10. Physical Health										
11. Bible study and prayer										
12. Reality of God in your life										

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I. PERSONAL INFORMATION Date: \_\_\_\_\_

Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred method to contact you and best time of day \_\_\_\_\_

Present Church Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

Previous Church (if different in past year) \_\_\_\_\_

Current Vocation \_\_\_\_\_

Are you a military Veteran? Yes \_\_\_ No \_\_\_ If yes, branch and years of service \_\_\_\_\_

Previous Vocation (if different in past year) \_\_\_\_\_

Specifically, what are the issues/problems you most want help with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How strongly do you want help with your problem? (check one)

Very Strongly    Strongly    Moderately    Not my choice to do this

How did you hear about Set Free Ministries? \_\_\_\_\_

Who (if anyone) referred you? \_\_\_\_\_

Check if you have read:   \_\_\_ Victory Over the Darkness   \_\_\_ The Invisible War

If under 18, please list name of parent or guardian \_\_\_\_\_

MARITAL STATUS

Marital Status-  Single    Married    Divorced    Separated    Widow/Widower

Describe your present marriage (if married) \_\_\_\_\_

\_\_\_\_\_

Describe any previous marriage(s) \_\_\_\_\_

\_\_\_\_\_

Number and ages of children \_\_\_\_\_

\_\_\_\_\_

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II. FAMILY HISTORY

A ) RELIGIOUS BACKGROUND

Have any of your (or your spouse's, if married) parents, grandparents, or other relatives, to your knowledge, ever been involved in any occult, cultic, or non-Christian practice?  Yes  No if yes, please explain.

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Briefly describe your parents' Christian experience (i.e. if they were believers, did they profess and live their Christianity).

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Would you describe the moral climate (rules) you grew up with as  Liberal  Normal  Excessive

Please describe any extremes. \_\_\_\_\_

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B ) FAMILY DYNAMICS

What are your parents present marital status?  Divorced  Married  Separated  Deceased

Which parent seemed to be the obvious head of your home? \_\_\_\_\_

How did your parents relate to each other and to their children? \_\_\_\_\_

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To your knowledge, did either of your parents or grandparents ever have an adulterous affair?  Yes  No

If yes, please explain \_\_\_\_\_

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Are you aware of any incestuous relationships in the family  Yes  No If yes, please explain.

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Are you adopted or part of a blended family?  Yes  No

Did foster parents or legal guardians raise you?  Yes  No

What was the emotional environment of your home like (i.e. hostility, tension, love, warmth...) \_\_\_\_\_

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**SET FREE MINISTRIES**

**Freedom Appointment Form**

**C ) SIBLING DATA**

Please identify the names, sex and ages of all siblings and place yourself in birth order. Begin with the oldest in the family.

How would you define the relationship: Good, OK, Poor (circle one)

Male  Female \_\_\_\_\_ Age\_\_ Good OK Poor  Male  Female \_\_\_\_\_ Age\_\_ Good OK Poor

Male  Female \_\_\_\_\_ Age\_\_ Good OK Poor  Male  Female \_\_\_\_\_ Age\_\_ Good OK Poor

Male  Female \_\_\_\_\_ Age\_\_ Good OK Poor  Male  Female \_\_\_\_\_ Age\_\_ Good OK Poor

Please describe the interpersonal relationships in your home while you were growing up. \_\_\_\_\_

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Are there any unresolved issues that are causing bitterness or resentment between you and any of your siblings and/or parents?

If so, please describe. \_\_\_\_\_

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**D ) FAMILY HEALTH**

Are there any addictive problems in your family history (alcohol, drugs, food, gambling, pornography, etc.)? Please describe.

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Is there any history of mental illness? Please describe. \_\_\_\_\_

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Is there any history of disease or chronic illness? Please describe. \_\_\_\_\_

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Have you or anyone in your family ever attempted (or committed) suicide? Please briefly describe the relationship and circumstances. \_\_\_\_\_

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III. PERSONAL HEALTH

A ) PHYSICAL

How would you describe your personal health?  Excellent  Good  Poor If poor, please explain.

\_\_\_\_\_

\_\_\_\_\_

When was your last complete physical? \_\_\_\_\_

Do you have any addictions or cravings that cause you to find it difficult to control sweets, drugs, alcohol, food in general, etc.? If so, please explain \_\_\_\_\_

\_\_\_\_\_

List any prescription medications taken in the past two years for either physical or psychological reasons, and indicate which, if any, you are currently taking.

\_\_\_\_\_

\_\_\_\_\_

Do you struggle with any addictions or compulsive behavior patterns? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you schedule regular periods of rest and relaxation for yourself? Yes No if no, please explain.

\_\_\_\_\_

\_\_\_\_\_

Please check any of the following health problems you may have:

- Anemia  Diabetes  Low blood sugar  Thyroid problems  Other (please explain)

\_\_\_\_\_

\_\_\_\_\_

B ) MENTAL

Please indicate any of the following thoughts which you have had or are presently struggling with:

- Blasphemous  Daydreaming/Fantasy  Lustful  Inferiority/Inadequacy  
 Obsessive  Sexual fantasy  Worry  Compulsiveness  
 \_\_\_\_\_

How many hours of TV do you watch per week, and what are your favorites? \_\_\_ hrs. \_\_\_\_\_

\_\_\_\_\_

How many hours do you spend listening to music, and what kind of music? \_\_\_ hrs. \_\_\_\_\_

\_\_\_\_\_

Have you ever thought that maybe you were “cracking up”, and/or do you presently fear that possibility?

Yes  No If yes to either, please explain. \_\_\_\_\_

\_\_\_\_\_

**C ) EMOTIONAL**

Please indicate which of the following emotions you have had or are presently having difficulty controlling.

- |   |   |   |                                     |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Frustration              | <input type="checkbox"/> Anger                      | <input type="checkbox"/> Anxiety                    | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Worthlessness            | <input type="checkbox"/> Depression                 | <input type="checkbox"/> Hatred                     | <input type="checkbox"/> Bitterness |
| <input type="checkbox"/> Fear of losing your mind | <input type="checkbox"/> Fear of committing suicide | <input type="checkbox"/> Fear of hurting loved ones |                                     |
| <input type="checkbox"/> Fear of abandonment      | <input type="checkbox"/> Fear of _____              | <input type="checkbox"/> Fear of _____              |                                     |

Have you ever experienced any type of trauma (i.e. physical, emotional, or sexual abuse, involvement in a severe accident, death of a family member, etc.)?  Yes  No If yes, please explain.

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Is there someone in your life with whom you are able to be totally emotionally honest? If so, who and what is their relationship to you? \_\_\_\_\_

Do you feel you are totally emotionally honest before God?  Yes  No If not, please explain why you feel that way.

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**D ) SEXUAL**

Is there or has there been any physical, emotional or sexual abuse in your family?  Yes  No If yes give relationship of the abuse and abuser and explain what abuse took place. \_\_\_\_\_

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

Yes  No If yes, please explain.

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Did you ever experience any anxieties, guilt feelings, or trauma arising out of a sexual experience with the same sex?

Yes  No If yes, please explain. \_\_\_\_\_

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Do you have questions or concerns regarding your sexual identity?  Yes  No If yes, please explain.

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Are you or have you ever engaged in any extra-marital or pre-marital sexual relationship?  Yes  No

If yes, please explain. \_\_\_\_\_

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IV. SPIRITUAL HISTORY

Please write a brief description of how you became a Christian. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were to die tonight, do you know where you would spend eternity?  Yes  No

Suppose you did die tonight and appeared before God in heaven and He were to ask you, "By what right should I allow you into my presence?" How would you answer him? \_\_\_\_\_  
\_\_\_\_\_

Do you have frequent doubts concerning your salvation?  Yes  No

How would you rate yourself on a scale of intimacy with God? Please indicate one.

1  2  3  4  5  6  7  8  9  10

Distant

Very Close

Do you have regular devotions?  Yes  No

Do you find prayer difficult mentally?  Yes  No

When attending church or other Christian activities, are you plagued with foul thoughts, jealousies, and/or other mental harassment? Yes No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you presently enjoying fellowship with other believers?  Yes  No

Are you under authority of a local church where the Bible is preached?  Yes  No

Do you regularly support it with your time, talent, and treasure?  Yes  No

How often do you attend church?  Weekly  Monthly  Few times a year  Never

Please include any other input about your spiritual life and growth that you think may be important:

V. NON-CHRISTIAN SPIRITUAL EXPERIENCE INVENTORY

A ) ADIVINATION OR OCCULT

A divination applies to any activity in which special knowledge or power was sought through psychic or supernatural means other than God. Occult involves the use of spells, charms or curses to obtain special powers or to control people, events or things. Some examples are below. Check any that you or a close family member may have ever had been involved in, even if it was seeming innocent or just observing (if only other family members, indicate with an "F") Write in any others that you may have been involved in but are not listed.

- |  |   |
|--|---|
| <input type="checkbox"/> Astral projection (out-of-body experiences)     | <input type="checkbox"/> Magic (black or white)                           |
| <input type="checkbox"/> Bloody Mary                                     | <input type="checkbox"/> Materialization (making things appear/disappear) |
| <input type="checkbox"/> Blood pacts                                     | <input type="checkbox"/> Mental suggestion                                |
| <input type="checkbox"/> Body or table lifting (i.e. "light as feather") | <input type="checkbox"/> Ouija board                                      |
| <input type="checkbox"/> Charms  | <input type="checkbox"/> Palm or psychic readings                         |
| <input type="checkbox"/> Crystal use                                     | <input type="checkbox"/> Séances  |
| <input type="checkbox"/> Fantasy games (like D&D)                        | <input type="checkbox"/> Tarot cards (or other card readings)             |
| <input type="checkbox"/> Fortune telling                                 | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Horoscopes                                      | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Hypnotism                                       | <input type="checkbox"/> _____  |

B ) FALSE TEACHING OR INFLUENCES

Programming of our minds comes from a variety of resources. Check any false religious teachings that you or a close family member have been exposed to or participated in. There are also a number of other negative influences that may not be religious in nature but can influence us at a spiritual level. Check any of the items that have been influences in your life. Where indicated, write in the name of the group or program. Write in any others that you may be aware of but are not listed.

- |  |   |
|--|---|
| <input type="checkbox"/> Alternative medical treatments (involving Crystals, Psychic powers, etc.) _____ | <input type="checkbox"/> Music that is blasphemous or anti-Christian          |
| _____  | <input type="checkbox"/> New Age teachings _____                              |
| <input type="checkbox"/> Books or movies about the paranormal  | <input type="checkbox"/> Non-Christian religions(s) (i.e. Buddhism, Hinduism) |
| <input type="checkbox"/> Cults or sects  | _____   |
| <input type="checkbox"/> Eastern mysticism   | _____   |
| _____  | <input type="checkbox"/> Wicca  |
| <input type="checkbox"/> Horror or slasher films   | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Lodges/secret organizations (i.e. Masonic Order)                                | <input type="checkbox"/> _____  |

C ) SATANIC/RITUALISTIC INFLUENCE

Involvement in satanic ritual, even at the "dabbling" level is serious. Even if you were forced into it against your will, check any type of involvement you may have had or write in any other involvement that is not listed.

- |  |  |
|--|--|
| <input type="checkbox"/> Blood letting/offerings       | <input type="checkbox"/> ritualistic sacrifice |
| <input type="checkbox"/> Calling forth demonic spirits | <input type="checkbox"/> satanic ceremonies    |
| <input type="checkbox"/> Church of Satan               | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> Curses/spells                 | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> Power circles                 | <input type="checkbox"/> _____                 |



V. NON-CHRISTIAN SPIRITUAL EXPERIENCE INVENTORY CONTINUED

Have you ever attended a New Age or parapsychology seminar, consulted a medium, Spiritist, or channeler?

Yes  No If yes, please explain.

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Do you have, or have you ever had, an imaginary friend or spirit guide offering you guidance or companionship?

Yes  No If yes, please explain.

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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?  Yes  No If yes, please explain

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What other spiritual experience have you had that would be considered out of the ordinary (such as sensing an evil presence in your room at night, or in your dreams, as a child?)

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Have you been a victim of satanic ritual abuse?  Yes  No If yes, please explain.

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Please add anything you think might be helpful.

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Please be sure that all pages are carefully completed and then return this form to:

**Set Free Ministries,  
700- 36<sup>th</sup> Street S.E  
Suite 108  
Grand Rapids, MI 49548**

phone: **(616)726-5400**  
fax: **(616)726-5404**  
email: **info@setfreeministries.com**



*where the hurting and the Healer connect...*

## In Christ

*I renounce the lie that I am rejected, unloved, dirty or shameful because  
IN CHRIST I am completely accepted. **God says:***

John 1:12	I am God's child.
John 15:15	I am Christ's friend.
Romans 5:1	I have been justified.
1 Corinthians 6:17	I am united with the Lord and I am one spirit with Him.
1 Corinthians 6:19,20	I have been bought with a price, I belong to God.
1 Corinthians 12 : 27	I am a member of Christ's Body.
Ephesians 1:1	I am a saint, a holy one.
Ephesians 1:5	I have been adopted as God's child.
Ephesians 2:18	I have direct access to God through the Holy Spirit.
Colossians 1:14	I have been redeemed and forgiven of all my sins.
Colossians 2:10	I am complete in Christ.

*I renounce the lie that I am guilty, unprotected, alone or abandoned because  
IN CHRIST I am totally secure. **God says:***

Romans 8:1,2	I am free forever from condemnation.
Romans 8:28	I am assured that all things work together for good.
Romans 8:31-34	I am free from any condemning charges against me.
Romans 8:35-39	I cannot be separated from the love of God.
2 Corinthians 1:21,22	I have been established, anointed and sealed by God.
Philippians 1:6	I am confident that the good work God has begun in me will be perfected.
Philippians 3:20	I am a citizen of heaven.
Colossians 3:3	I am hidden with Christ in God.
2 Timothy 1:7	I have not been given a spirit of fear, but of power, love and a sound mind.
Hebrews 4:16	I can find grace and mercy to help me in time of need.
1 John 5:18	I am born of God and the evil one cannot touch me.

*I renounce the lie that I am worthless, inadequate, helpless or hopeless because  
IN CHRIST I am deeply significant. **God says:***

Matthew 5:13,14	I am the salt of the earth and the light of the world.
John 15:1,5	I am a branch of the true vine, Jesus, a channel of His life.
John 15:16	I have been chosen and appointed by God to bear fruit.
Acts 1:8	I am a personal, Spirit-empowered witness of Christ.
1 Corinthians 3:16	I am a temple of God.
2 Corinthians 5:17-21	I am a minister of reconciliation for God.
2 Corinthians 6:1	I am God's co-worker.
Ephesians 2:6	I am seated with Christ in the heavenly realm.
Ephesians 2:10	I am God's workmanship, created for good works.
Ephesians 3:12	I may approach God with freedom and confidence.
Philippians 4:13	I can do all things through Christ who strengthens me!

*I am not the great "I Am" of Exodus 3:14; John 8:24,28, 58.  
"but by the grace of God I am what I am" (1 Corinthians 15:10).*

*where the hurting and the Healer connect...*