PFM-ASSESSMENT FORM

SECTION 1 — Personal Information

- **Full Name**: _____
- **Date**: _____
- **Phone or Email**: _____
- **Preferred way to communicate**: _____

SECTION 2 — Faith & Spiritual Background

Please answer honestly and in your own words.

- **Describe your relationship with Jesus**
- **Are you connected to a church or spiritual community**
  Yes / No / Sometimes
- **How often do you pray**
  Daily / Weekly / Occasionally / Rarely
- **How often do you read Scripture**
  Daily / Weekly / Occasionally / Rarely

SECTION 3 — Why You're Seeking Deliverance

These questions help identify open doors, wounds, and areas needing freedom.

- **What brings you here today**

- **Patterns or cycles you've noticed**

- **Symptoms you're experiencing**
  Fear / Anxiety / Nightmares / Heaviness / Confusion / Anger / Torment / Other

- **Previous deliverance or inner-healing ministry**

SECTION 4 — Open Doors & Legal Ground

- **People you struggle to forgive**

- **Occult or new age involvement**
- Tarot / Crystals / Energy Work / Witchcraft / Manifestation / Astrology / Other
- **Sexual soul ties or past relationships**

- **Addictions or dependencies**
  Substances / Pornography / Gambling / Food / Social Media / Other
- **Inner vows you may have made**

- **Generational patterns in your family line**

SECTION 5 — Emotional & Mental Health

- **Trauma history you feel comfortable sharing**

- **Current emotional state**
  Stable / Anxious / Overwhelmed / Hopeful / Unsure
- **Are you currently in counseling**
  Yes / No
- **Are you taking mental-health-related medications**
  Yes / No

SECTION 6 — Spiritual Readiness

- **Are you willing to forgive**
  Yes / No / Unsure
- **Are you willing to repent**
  Yes / No / Unsure
- **Are you willing to renounce anything not of God**
  Yes / No / Unsure
- **What does freedom look like to you**

SECTION 7 — Aftercare Commitment

- **Are you willing to walk out your healing**
  Yes / No / Unsure
- **Do you have supportive people in your life**
  Yes / No / Unsure
- **Are you prepared to make lifestyle changes**
  Yes / No / Unsure

SECTION 8 — Additional Notes

Please use this space to share anything that feels important for me to know before we meet. This may include moments, memories, patterns, fears, questions, or anything the Holy Spirit has been highlighting to you.

- **Anything on your heart today**

- **Anything you feel the Lord has been showing you**

- **Anything you're hoping for in this session**

- **Anything you're nervous or unsure about**

- **Any final details you want me to be aware of**

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