



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 gentle, 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. 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) to:

Freedom Ministry Coordinator, Donna Hoshor
Revive Church
7849 West Broadway
Brooklyn Park, MN 55445

If you do not hear back from us within two weeks of sending us this completed paperwork, please call the Church Office at 763.391.6140.

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 is 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. You may do one of the following:

1. Read the book(s) *Victory Over the Darkness* and/or *The Bondage Breaker* by Dr. Neil Anderson. (For easier reading, some people prefer to read the youth edition of these books, *Stomping Out The Darkness* and *The Bondage Breaker – Youth Edition*, by Dr. Neil Anderson and Dave Park.
2. Attend a Freedom in Christ 10–week Life Changing Discipleship Course

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 Pastor Al at 763.391.6140.

FREEDOM MINISTRY CONFIDENTIAL PERSONAL INVENTORY (CPI)

(Please use ink to complete!)

Name: _____ Sex: ____ Age: ____

Address: _____

City: _____ State: _____ Zip code: _____

Day Phone: () _____ Evening Phone: () _____

Email Address: () _____ May we use this email? Yes ____ No ____

May we leave a message? Day Phone: Yes ____ No ____ Evening Phone: Yes ____ No ____

Do you regularly attend Revive Church? Yes ____ No ____ If yes, how long? _____

Current Church Name (if not Revive Church): _____ City: _____

Referred to Freedom Ministry by: _____

Vocation: Present _____

Past _____

Highest Level of Education: High School ____ Technical School ____ College ____ Masters ____

Doctoral ____ Other: _____

My Understanding

I understand that my participation in completing this Confidential Personal History and in the Freedom Appointment is totally voluntary on my part and that I am not under any obligation whatsoever. I understand that the person who will lead me through the Steps to Freedom 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 Steps to Freedom. Therefore, I voluntarily ask for this appointment and assume responsibility for my responses as a result of this prayer ministry.

Signed: _____ Date: _____

For Office Use Only:

Initial Contact Date: _____ Date CPI Sent: _____ Initial CPI Returned: _____

Encourager Assigned: _____ Prayer Partner Assigned: _____

Date Appt. Completed: _____

1. Employment

a. Do you work outside the home? Yes ____ No ____

b. If yes, where? _____

2. Martial Status

a. Single ____ Married ____ Divorced ____ Separated ____ Widow/Widower ____

If currently married, how many years? _____

If previously married, how many years? _____

b. Children (current marriage): Names (optional) and ages:

c. Children (current marriage): Names (optional) and ages:

3. Why are you requesting a 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 that you feel are the 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? Yes ____ No ____
- b. Are/were your parents born-again Christians? Yes ____ No ____
If so, do/did they profess and live their Christianity? Yes ____ No ____
- c. Are/were your parents divorced? Yes ____ No ____
- 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? Yes ____ No ____
If yes, please explain: _____

f. Identify your parent’s position on the following:

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing/Modesty					
Sanctity of Sex Inside					
Dating					
Movies					
Music					
Use of Alcohol					
Use of Non-Prescription					
Use of Tobacco					
Church Attendance					
Free Will					

g. Identify the sex, age, and place in birth order (oldest to youngest) of your sibling(s):

Child’s Name	Sex	Age
a.		
b.		
c.		
d.		
e.		
f.		

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. **(Optional)** 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. If so, 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 ____ If yes, 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: _____
