

- What is your past church/spiritual affiliation? Please include non-Christian references as well, if any:

- How do you feel about receiving healing prayer made possible by the outpouring and direction of the Holy Spirit?

- If you have a sexual struggle, how would you define it?

- How do your issues express themselves (sexual acting out, relational/emotional struggles, etc.)? Be specific.

- Are you currently in a relationship that involves ongoing sexual contact? If so, please describe your relationship:

No Yes _____

- Do you have any non-sexual compulsive behaviors?

(i.e. eating problems, alcohol/chemical dependencies, gambling, spending, etc.)

No Yes _____

- Have you ever (past or present) received ongoing professional counseling? If so, with whom and why?

No Yes _____

- Are you currently receiving help from a healing ministry, support group or accountability group?

If so, please describe:

No Yes _____

• Have you ever seriously contemplated or attempted suicide? If so, please explain:

No Yes _____

• Have you ever been diagnosed with a psychological disorder? (bipolar, clinical depression, etc.)
If so, please describe:

No Yes _____

• Do you use drugs, alcohol or other mood-altering substances? If so, what and how often:

No Yes _____

• Describe the relationships of the people in your life who know about your sexual or relational struggles and are supportive in your healing:

• Do you believe that homosexual physical contact or inordinate emotional closeness with the same sex is sinful?
If not, please explain:

No Yes _____

• What are your expectations in going through Living Waters (in what areas do you desire healing and freedom)?
Be detailed and specific.

• Can you commit to attending all 30 weekly meetings and to arriving by 6:25pm each week? If not, please explain:

No Yes _____

