ARCHDIOCESE OF CHICAGO

Spiritual Healing Ministry

HEALING | DELIVERANCE | EXORCISM
CONFIDENTIAL INTAKE QUESTIONNAIRE

DATE:

I. PERSONAL INFORMATION

Name of party in distress:

Name of petitioner (if different from above):

Complete Address:

Home Phone:	Cell Phone:	Email:
Your Date of Birth:	Age:	Occupation:

Available to meet: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa
☐ Mornings ☐ Afternoons ☐ Evenings

Additional information:

Marital Status: ☐ Never Married ☐ Married ☐ Divorced ☐ Divorced and remarried
☐ Widowed ☐ Cohabitating

How many times have you been married?

Your Spouse's Name:

Were you married in the Catholic Church? ☐ Yes ☐ No

Are you baptized? ☐ Yes ☐ No	In what denomination?
Current religious affiliation:	Practicing? ☐ Yes ☐ No

If Catholic, when was the last time you went to Confession?

How often do you go to Confession?

Do you go to Mass on Sunday? ☐ Yes ☐ No	Receive Holy Communion? ☐ Yes ☐ No

Names of children living at home	Age	Sacraments?

Is there anyone else living in the same house or apartment as you? ☐ Yes ☐ No

Name and relationship to you:

Who referred you to the Archdiocese of Chicago?

II. CURRENT ISSUES

Do you believe that you are under attack by the devil? ☐ Yes ☐ No

If Yes, why do you believe this? (Please use a separate page if you need more room.)

How would you describe these difficulties? ☐ Severe ☐ Moderate ☐ Constant ☐ Variable

How long have you suffered from these afflictions?

When did they start?

What may have caused or triggered these difficulties?

Are you willing to commit to a relationship with God, developing a life of prayer, and avoid major sins to be free from the evil influencing you? ☐ Yes ☐ No

III. PERSONAL HISTORY

How is your relationship with God?

Please describe your prayer life:

Has this pattern of prayer changed since the onset of these difficulties? ☐ Yes ☐ No

How?

Is it difficult for you to:			Do you struggle with:		
Pray	☐ Yes	☐ No	Drug/alcohol use	☐ Yes	☐ No
Attend Church	☐ Yes	☐ No	Pornography	☐ Yes	☐ No
Touch Holy Water	☐ Yes	☐ No	Homosexuality/Gender Identity	☐ Yes	☐ No
Touch Crucifix	☐ Yes	☐ No	Fornication/Masturbation/Other	☐ Yes	☐ No
Other:	☐ Yes	☐ No	Addictive Behavior	☐ Yes	☐ No

Please explain any "Yes" answers:

Do you have a devotion to any saints? Who?

Have you ever been involved or even dabbled with any of the following? (Please check all that apply.)

☐ Ouija boards	☐ Séances	☐ Tarot Cards
☐ Horoscopes	☐ Psychic Powers	☐ Wicca
☐ Witchcraft/Brujeria	☐ Fortune Telling	☐ Satanism
☐ Voodoo/Santeria	☐ Astrology	☐ Palm Reading
☐ New Age	☐ Freemasonry	☐ Channeling
☐ Cult Involvement	☐ Past Life Recovery	☐ Visited Healers
☐ Curanderos	☐ Astral Travel	☐ Other:

If you checked any of the above, please explain it and describe the experiences.
(Use a separate page for additional space.)

Has anyone in your family or other blood relatives ever practiced or dabbled in occult activities or been a member of the Masonic Lodge? Please explain who and what:

Have you ever known anyone who is involved in witchcraft or satanism? ☐ Yes ☐ No

Please explain:

Have you ever been sexually involved with someone who practiced witchcraft or satanism? ☐ Yes ☐ No

If yes, how long was the involvement? (Please explain.)

Have you ever had an experience of what you might call real evil? ☐ Yes ☐ No

Please describe:

Has anything ever happened to you that you were not the same afterwards? ☐ Yes ☐ No

Please describe:

Has anyone ever said or done something to you that really freaked you out? ☐ Yes ☐ No

Please explain:

Have you ever done or said something bad but couldn't stop yourself? ☐ Yes ☐ No

Please explain:

Have people ever told you that you did or said something bad but you don't remember it? ☐ Yes ☐ No

Please explain:

Who hates you and why?

Is is possible that you are the victim of a curse? ☐ Yes ☐ No If yes, please explain:

Do you have any spiritual (Yin/Yang, etc.), satanic or problematic tattoos? ☐ Yes ☐ No

Has anyone involved in the occult or New Age ever given you anything? ☐ Yes ☐ No

If yes, do you still have it? ☐ Yes ☐ No Please describe it:

Which three people (or groups of people) are most difficult for you to forgive and why?

1.

2.

3.

IV. AVENUES OF HEALING ALREADY SOUGHT

What means of relief have you already sought?

Medical? (including therapy and medication):

Therapeutic?

Religious?

New Age or Natural Spirituality?

Has anyone ever "prayed over" or "exorcized" you? ☐ Yes ☐ No

Have you ever read books by Gabriele Amorth, Matt Baglio, José Fortea or Malachi Martin, or seen movies like "The Exorcist," "The Exorcism of Emily Rose" or "The Rite"? ☐ Yes ☐ No

Please name:

V. PERSONAL HISTORY

In general, please describe your relationship to your birth family:

If married, please describe your relationship to your spouse and children:

Please check all that apply to you:

☐ I don't remember being physically loved as a child or being given hugs or kisses.

☐ My parent divorced when I was a child. I was____ years old. I was raised by:_____

☐ I had no father growing up because of ☐ death ☐ divorce ☐ his preoccupations

☐ Growing up I was often picked on or bullied by my peers and/or siblings.

☐ My_____ died by suicide when I was____ years old. Please describe what you saw and felt afterwards:

☐ Several people I know have died in the last two years. Describe the causes of death:

☐ I suffered abuse from someone I should have been able to trust or from someone in my family.

It was the/my:	What kind of abuse was it?
☐ I was sexually abused as a child by:	For how long?
☐ I was verbally abused as a child by:	For how long?
☐ I was emotionally abused as a child by:	For how long?
☐ I was sexually abused as an adult by:	For how long?
☐ I have had one or more abortions. How many?	At what age(s)?
☐ I have had one or more miscarriages. How many?	At what age(s)?

Describe the impact of this on you:

☐ I suffered a severe trauma; e.g., accident, tragedy, parents splitting up, the death of a loved one, a house fire, etc.) when I was years old. Please describe:

Did you readjust following the trauma? ☐ Yes ☐ No

Did you experience a downward spiral after the trauma? ☐ Yes ☐ No

☐ I suffer from a physical or mental abnormality for which I was usually ridiculed.

☐ I have suffered from an eating disorder.

☐ I suffered terribly when I discovered that I was adopted.

☐ I have been very unlucky, unhappy in my marriage(s). I have been married a total of_____ times and have had a total of_____ extramarital affairs.

☐ I had an alcoholic parent(s)/grandparent(s).

☐ People have told me that I have low self-esteem.

☐ I have had suicidal thoughts.

☐ I have attempted suicide. How many times? When?

How?

VI. MEDICAL HISTORY

Please check and rate the severity of each applicable area. (1 = low, 5 = high)

___☐ Depression	___☐ Chronic Illness	___☐ Sexual Problems
___☐ Marital Problems	___☐ Anxiety or Fear	___☐ Loneliness
___☐ Drug Addictions	___☐ Nightmares	___☐ Insomnia
___☐ Eating Disorders	___☐ Alcoholism	___☐ Anger
___☐ Grief or Loss	___☐ Low Self-esteem	___☐ Hear Voices
___☐ Restlessness	___☐ Lost Job(s)	___☐ Inability to Forgive
___☐ See Shadows	___☐ Lost Relationships	___☐ Financial Problems
___☐ Despair	___☐ Crying	___☐ Isolation
___☐ Cutting	___☐ Unexplained Pain	

Are you being followed? ☐ Yes ☐ No

What time to you go to bed? Get up?

Have you had any major surgeries, illnesses or accidents? Please describe them and indicate how long ago these events happened.

Please describe your health.

Are you currently under the care of a medical doctor? ☐ Yes ☐ No

For:

Current medications:

Has there been any psychological or psychiatric diagnosis or treatment? ☐ Yes ☐ No

Past:

Present:

Has there been a history or practice of using psychotropic medications? ☐ Yes ☐ No

Past:

Present:

VII. NOTES