

## *The Healing Path Confidential Intake Form*

These questions help inform us of where you are in the healing process. Please fill out the intake with as much detail as possible. Feel free to use additional pages if necessary. Your responses will be kept strictly confidential.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_  
Phone \_\_\_\_\_ Work phone \_\_\_\_\_  
E-mail \_\_\_\_\_

- Male
- Female
  
- Single
- Married
- Separated
- Divorced

How long have you been attending the church you now attend?

\_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_

Please describe your relationship with your parents (during childhood as well as in adulthood):

Father:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you recall any significant traumatic incidents in your life, (i.e. verbal, physical, sexual, or emotional abuse)? If so, please give a general summary:

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Are you currently on any medication or under medical supervision?

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Have you ever in the past, or currently, struggled with any non-sexual compulsive behaviors (i.e. eating problems, alcohol/chemical dependencies, spending, etc.)?

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Are you currently receiving ongoing or professional counseling? If so, please explain:

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

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What were the circumstances surrounding your coming to Christ?

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Are you currently involved in an ongoing community within the church through a small group or ministry involvement?

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What are your feelings about receiving healing prayer, through the ministry of the Holy Spirit, administered through the laying-on of hands?

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What expectations do you have as you come to the Healing Path group?

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Can you make the ten-week commitment? Dates of the group are **Monday, March 20<sup>th</sup> to May 22<sup>nd</sup>**.

Yes \_\_\_\_\_ No \_\_\_\_\_

Please email or mail your completed application by **Friday, March 10<sup>th</sup>, 2023**, to:

[david@the-healingpath.org](mailto:david@the-healingpath.org) or

David Alvarez  
1245 Parkington Ave. #5  
Sunnyvale, CA 94087

Upon receiving your completed application, if deemed necessary, we'll contact you to set up a short phone interview.

If you are accepted into the program, it is imperative that you attend every meeting because each teaching builds on the other from week to week. You will be placed in a small group with several others where we hope to build trust and create a safe place to allow Jesus to come into your deep places of pain and struggle. Your consistent participation is as needful to them as it is to you. Grace obviously will be extended for sickness and work-related issues.