



# WHOLENESS *Ministries*

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If you would like to book an in-person ministry session with us, please follow these steps.

Purchase and read the book *Before You Get Here* by Mike Evans available at <http://wholeness.org/product/before-you-get-here-book/>.

Read and fill out this questionnaire and release form. Sign the release form and email back to [mevans@wholeness.org](mailto:mevans@wholeness.org) or mail to:

**Wholeness Ministries, P.O. Box 80503, Bakersfield, CA 93380.**

This ministry is supported by donations. Make a donation for your ministry session. Suggested donations are based on a minimum of \$75/hour for the first two hour session = \$150.00. Any follow-up sessions will typically be one hour in length. If you feel led to give more, that would be a blessing to us but it is not at all required. Though I suggest a donation for the two-hour appointment, I do not refuse anyone for whom this amount is a hardship.

***Mike Evans***

**Founder/Director**

**Wholeness Ministries, Inc.**

# WHOLENESS MINISTRIES

P.O. Box 80503  
Bakersfield, CA 93380

## PERSONAL HISTORY QUESTIONNAIRE Confidential

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthplace \_\_\_\_\_

Education (highest grade completed) \_\_\_\_\_

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

Are you currently employed and/or going to school? \_\_\_\_\_

Were you adopted?  Yes  No \_\_\_\_\_

Were you brought up by anyone other than your parents?  Yes  No

If so, explain \_\_\_\_\_

Did your parents want you? \_\_\_\_\_

Did your parents wish you were of the opposite sex? \_\_\_\_\_

In your opinion, did your parents wish you had never been born? \_\_\_\_\_

Is it likely they were fighting while you were in the womb? \_\_\_\_\_

Was there a sense of security and harmony in your home during the first twelve years of your life? \_\_\_\_\_

How was authority exercised in the home? Which parent was in charge and how did he or she operate? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How was affection shown between your parents and toward you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MARRIAGE INFORMATION

Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_

Name of spouse (if married) \_\_\_\_\_

Spouse's age \_\_\_\_\_ Occupation \_\_\_\_\_

Education (Spouse's highest grade) \_\_\_\_\_

Date of marriage \_\_\_\_\_

Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Have you ever been separated?  Yes  No

If so, when? \_\_\_\_\_ For how long? \_\_\_\_\_

Have either of you ever filed for divorce? \_\_\_\_\_ When? \_\_\_\_\_ Who? \_\_\_\_\_

Give brief information about any previous marriages \_\_\_\_\_

## INFORMATION ABOUT CHILDREN

How many children do you have? \_\_\_\_\_

NAME	AGE	SEX	LIVING (Y/N)	MARITAL STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PARENTS RELATONSHIP

Is your father living?  Yes  No

Is your mother living?  Yes  No

Are your parents presently married to each other?  Yes  No

Are you aware of any adultery and/or incest in your family or your grandparents families? If so, explain \_\_\_\_\_

To your knowledge have your parents, grandparents, or great- grandparents ever been involved in any occult or non-

Christian religious practices? \_\_\_\_\_

Briefly explain your parents Christian experience (i.e. Did they profess to be Christians? If so, did they live out their

Christianity?) \_\_\_\_\_

## FAMILY HEALTH

Any addictions in your family? (e.g., alcohol, drugs, sex, gambling, eating disorders, etc.) \_\_\_\_\_

Any history of mental or emotional illness? \_\_\_\_\_

Any history of the following?

Tuberculosis    Heart Disease    Diabetes    Cancer    Ulcers    Epilepsy    Glandular problems

Other \_\_\_\_\_

Describe your family's concern for:

Diet \_\_\_\_\_ Exercise \_\_\_\_\_ Rest \_\_\_\_\_

## MORAL CLIMATE

Rate the family atmosphere in each of the following areas during the first eighteen years of your life:

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	OVERLY PERMISSIVE	PERMISSIVE	AVERAGE	STRICT	OVERLY STRICT
Clothing	5	4	3	2	1
Sex	5	4	3	2	1
Dating	5	4	3	2	1
Movies	5	4	3	2	1
Music	5	4	3	2	1
Reading	5	4	3	2	1
Smoking	5	4	3	2	1
Drinking	5	4	3	2	1
Church Attendance	5	4	3	2	1

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Did any of the following apply to you during your childhood?

Molestation    Sexual Encounters    Incest

## PERSONALITY INFORMATION

Have you ever had any psychotherapy, counseling or prayer ministry?    Yes    No

If yes, which? \_\_\_\_\_ When? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Check any of the following words that describe you now:

- |   |   |                                      |                                     |
|---|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Active         | <input type="checkbox"/> Nervous        | <input type="checkbox"/> Moody       | <input type="checkbox"/> Calm       |
| <input type="checkbox"/> Ambitious      | <input type="checkbox"/> Hardworking    | <input type="checkbox"/> Often blue  | <input type="checkbox"/> Serious    |
| <input type="checkbox"/> Self-confident | <input type="checkbox"/> Patient        | <input type="checkbox"/> Excitable   | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Persistent     | <input type="checkbox"/> Impulsive      | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Shy        |
| <input type="checkbox"/> Introvert      | <input type="checkbox"/> Good-natured   | <input type="checkbox"/> Likeable    | <input type="checkbox"/> Leader     |
| <input type="checkbox"/> Extrovert      | <input type="checkbox"/> Quiet          | <input type="checkbox"/> Hard-boiled | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Sensitive      | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Lonely      |                                     |

## HEALTH INFORMATION

### PHYSICAL

Rate your health      Very Good      Good      Average      Declining      Poor

List all important present or past illnesses, injuries or handicaps \_\_\_\_\_

Are you presently taking medication?     Yes     No

If so, what? \_\_\_\_\_

Describe your eating habits (i.e. Are you a junk food or health food addict? Do you eat regularly, or sporadically? Is your diet balanced?) \_\_\_\_\_

Do you have addictions or cravings that you find difficult to control (i.e. food in general, sweets, drugs, alcohol, sex)?

YES     NO    If so, what? \_\_\_\_\_

### MENTAL/EMOTIONAL

Have you ever had a severe emotional upset?     Yes     No

If so, what? \_\_\_\_\_

Where would you put yourself on this optimism-pessimism scale?

*EVENTS*    PESSIMISM    5    4    3    2    1    OPTIMISM

(i.e. things that happen tend to be bad/good)

*PEOPLE*    PESSIMISM    5    4    3    2    1    OPTIMISM

(i.e. people tend to be evil/good)

Do you fear or have you feared that you might crack up?     YES     NO

If so, explain \_\_\_\_\_

Have you ever been arrested?     Yes     No

If so, why? \_\_\_\_\_

How much time do you spend per week watching TV? \_\_\_\_\_

How much time do you spend per week reading? What do you read? \_\_\_\_\_

How much do you listen to music? What kind(s)? \_\_\_\_\_

Are you emotionally honest with God?  YES  NO

Explain \_\_\_\_\_

Which of the following best describes how you handle positive and negative emotions?

- readily express all emotions  express some of my emotions but not all
- acknowledge their presence but reserved  tend to suppress my emotions
- find it safest not to express how I feel  tend to disregard how I feel since I can't trust my feelings
- consciously or subconsciously deny them since it is too painful to deal with some of them

Check and explain any problems with any of the following:

- Shame  Hatred  Fear  Inadequacy  Guilt  Self-hatred
- Worry  Unworthiness  Deception  Rejection  Anxiety  Insecurity
- Anger  Self-rejection  Panic  Inferiority  Bitterness  Lust
- Abandonment  Doubt  Resentment  Neglect  Skepticism  Fantasy
- Death Wish  Depression  Pornography  Compulsiveness  Loneliness  Rebellion
- Obsessions  Headaches  Pride  Suicidal Thoughts  Other \_\_\_\_\_

### RELIGIOUS BACKGROUND

What church do you presently attend? \_\_\_\_\_

Who is the pastor? \_\_\_\_\_

Church attendance (times per month)? 1 2 3 4 5 6 7 8 9 10+

Baptized?  Yes  No

Religious background of spouse (if married) \_\_\_\_\_

Do you know for certain you will go to heaven when you die?  Yes  No

What is your basis for answering the preceding question as you did? \_\_\_\_\_

Are you plagued with doubts concerning your salvation?  Yes  No

How much do you read the Bible? Never Occasionally Often

How much time do you spend praying? Do you find praying difficult? How do you pray? Explain \_\_\_\_\_

Have you ever taken a class or read books on parapsychology or metaphysics or had other occult involvement?

If so, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever heard voices in your mind? If so, explain \_\_\_\_\_  
\_\_\_\_\_

Describe any other experiences you may have had that would be considered out of the ordinary \_\_\_\_\_  
\_\_\_\_\_

Have you had any experience in the following cults and religions? If so, check and explain below.

**OCCULT**

- Astral Projection
- Ouija Board
- Table tilting
- Speaking in trance
- Automatic writing
- Demonic dreams
- Telepathy
- Clairvoyance
- Fortune-telling
- Tarot Cards
- Healing Magnetism
- Palm reading
- Blood pacts
- Astrology
- Séances
- Games like Dungeons & Dragons

**CULTS**

- Christian Science
- Unity
- Scientology
- The Way International
- Unification Church
- Unitarianism
- Jehovah's Witness
- Children of God
- Mormonism
- Free Masonry/Eastern Star
- New Age
- Worldwide Church of God
- Yoga
- Amateur hypnosis
- Theosophy

**RELIGIONS**

- Zen Buddhism
- Hare Krishna
- Baha'ism
- Rosicrucianism
- Science of Mind
- Silva Mind Control
- Eckankar
- Eckankar Seminars
- Transcendental Meditation
- Islam
- Black Muslim
- Hinduism
- Dowsing (rod or pendulum)
- Magic (black or white)
- Going to psychics

Other \_\_\_\_\_  
\_\_\_\_\_

**FOUR IMPORTANT QUESTIONS**

How would you describe your problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done about these problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you expecting in coming to us for ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# WHOLENESS MINISTRIES, INC.

## RELEASE AGREEMENT

This ministry is called PRAYER MINISTRY. It is considered a form of pastoral counseling, not professional counseling. I am an ordained minister, not licensed as a professional counselor. I work with you only as you choose to work with me.

God has seen fit to work with and through me in moving people toward freedom from spiritual, emotional and even physical problems. It is, therefore, my expectation that He will help you through our time together. But I cannot control God or promise what He will do. I can only promise that I will do my best to work with God for your good and God's glory.

What usually happens in this type of ministry is that God brings a degree of healing in each session. Sometimes additional work is necessary for a person to attain the complete freedom he or she and God desires. It may be advisable for the person to receive help from a professional counselor as well. I strongly advise this, especially in dealing with dysfunctional habits. It is also always advisable for the person to actively pursue spiritual disciplines such as church attendance, prayer, Bible study and worship.

I am committed to keep confidential whatever you share with me. I am, however, required by law to report to appropriate persons two kinds of things:

1. Any intent of a person to take harmful, dangerous, or criminal action against another person or against him or herself.
2. Any act of child or elderly abuse or neglect.

**If it appears that such notification needs to be given, that intention will be shared with you first.**

In order to provide the appropriate legal protection, I ask that each person sign the following Statement of Release.

I, hereby release Michael Evans, Wholeness Ministries and it's lay ministers from any liability should this ministry session not live up to my expectations or lead to any spiritual, emotional or physical dysfunction.

And, I release them from liability and responsibility in relation to the disclosure of information of a personal and confidential nature, now, and in the future.

\_\_\_\_\_  
Signed by Client Date

\_\_\_\_\_  
Signed by Michael Evans Date