

Robin Bertram Ministries

Deliverance Ministry

Is. 61: 1-3 The Spirit of the Lord God is upon me,
Because the Lord has anointed me
To bring good news to the afflicted;
He has sent me to bind up the brokenhearted,
To proclaim liberty to captives
And freedom to prisoners;

²To proclaim the favorable year of the Lord
And the day of vengeance of our God;
To comfort all who mourn,

³To grant those who mourn *in* Zion,
Giving them a garland instead of ashes,
The oil of gladness instead of mourning,
The mantle of praise instead of a spirit of fainting.
So they will be called oaks of righteousness,
The planting of the Lord, that He may be glorified.

Deliverance Ministry Request

NAME _____
LAST FIRST MIDDLE INITIAL

ORGANIZATION/CHURCH NAME _____

CONTACT PERSON _____

ADDRESS _____

CITY STATE ZIPCODE

TELEPHONE _____
CELL

EMAIL _____

PREFERED CONTACT _____ **TIME** _____ **AM/PM**

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED
BIRTH GENDER ☐ MALE ☐ FEMALE

DOB _____

MINOR'S NAME _____

MINOR'S
PARENT/GUARDIAN _____ Date _____

MINSITRY SERVICE REQUEST

☐ Deliverance Teaching Sessions
☐ Deliverance Conferences
☐ Deliverance Training
☐ Deliverance Administration

☐ Prayer Training
☐ Prayer Classes/Workshops
☐ Prayer Support
☐ Prayer Request
☐ Other _____

EXPLANATION OF
REQUEST(S) _____

SPECIAL
REQUEST/CONSIDERATION _____

DELIVERANCE MINISTRY CONSENT FORM

***Personal consent to receive ministry**

NAME _____
PRINT

I hereby affirm and state that I _____

consent for *Robin Bertram Ministries* and *all volunteers* working with the ministry to minister to me in the area of spiritual counselling, personal ministry and deliverance, *using the Bible as our foundational resource.*

I understand and acknowledge that all who are a part of *Robin Bertram Ministries, licensed* and lay, are not trained as professional counselors, psychotherapists and mental health professionals.

_____(initials)

I understand that all guidance, counsel and advice that I receive is solely based on Christian Biblical standards and spiritual principles, *as defined by the Holy Bible.*

_____(initials)

I understand and acknowledge that this ministry is under the direction and control of the Holy Spirit and that no guarantees are made and can be made, with regard to my breakthrough, healing and deliverance.

_____(initials)

I understand the nature of my request for services and have voluntarily sought ministry services through *Robin Bertram Ministries* and hereby release *Robin Bertram Ministries* and *all its volunteers* from any and all claims of an actual or implied liability that may arise now or in the future as a result of the ministry I received.

_____(initials)

I understand that *Robin Bertram Ministries* is not affiliated with any specific church or denomination and acts under the official recognition as a licensed, ordained minister of the Gospel.

_____(initials)

NAME _____
Signature of Person Receiving

Ministry Date

DELIVERANCE MINISTRY CONTRACT

EXPECTATION OF COMMITMENT:

I understand that I am expected to cooperate fully with *Robin Bertram Ministries and team/volunteers* and the Holy Spirit in order to receive help.

_____ (initials)

I understand that I will be asked to fast, pray, complete deliverance related tasks and be accountable to *Robin Bertram Ministries and team/volunteers* for specific behaviors and certain areas of life.

_____ (initials)

I understand that this ministry is often unpredictable and will commit to the process. I acknowledge that this type of ministry may be completed quickly or require a long course of time or with a series of ministry sessions.

_____ (initials)

I understand and give my permission to be filmed for teaching purposes and safety precautions.

_____ (initials)

WAIVER OF CONFIDENTIALITY:

I am aware that all statements that I should make to *Robin Bertram Ministries and team* are confidential in nature, including all video, verbal and written statements, and legally and ethically and may not be disclosed without my consent. However, I waive my rights in the following areas.

1. I accept and acknowledge that *Robin Bertram Ministries and her team* as well as any other person working with or entrusted to care for adults and children are required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do to himself/herself or to others.

_____ (initials)

2. I accept and acknowledge that *Robin Bertram Ministries* is required to report any reasonable suspicion of physical or sexual abuse to a minor in the past and current or future intent.

_____ (initials)

DONATIONS AND FREE WILL OFFERINGS:

I understand that there is no charge for the administration of deliverance, but have the option of providing a free will offering to *Robin Bertram Ministries*.

_____ (initials)

I understand that if the is required to travel and render ministry services, all travel, travel related expenses and satisfactory accommodations must be paid in full prior to coming and a free will offering will be provided.

_____ (initials)

Signature Date

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- *All answers are given willfully and not under any pressure.*
 - *We do not diagnose or treat mental illness.*
 - *We are strictly a Christian ministry and offer prayer ministry to free people from the influence of demonic spirits.*

PERSONAL INFORMATION

Marital Status: ☐ ☐ Single ☐ Separated ☐ Divorced

Married How many times? _____

Cultural / Ethnic Background: _____

SPIRITUAL INFORMATION

1. Salvation/Christian confession: ☐ No ☐ Yes - if yes, when? _____

2. Describe your relationship with God: ☐ Excellent ☐ Could use improvement ☐ Poor

3. What spiritually hinders your life? _____

FAMILY HISTORY

Describe your relationship with your parents, stepparents, and siblings as *a child*.

Biological Father: ☐ Good ☐ Bad

Biological Mother: ☐ Good ☐ Bad

Stepfather: ☐ Good ☐ Bad

Stepmother: ☐ Good ☐ Bad

Siblings: ☐ Good ☐ Bad

Were you a wanted/planned child? ☐ Yes ☐ No ☐ I don't know

Were you the sex your parents wanted? ☐ Yes ☐ No ☐ I don't know

Were you conceived out of wedlock? ☐ Yes ☐ No ☐ I don't know

Were you adopted? ☐ Yes ☐ No ☐ I don't know

SPIRITUAL EVALUATION - OCCULT PRACTICES

If you have participated, please put X in the box ☐. If further explanation is needed, please do so on the line.

☐ Astral projection _____

☐ Astrology/horoscopes _____

☐ Automatic writing/painting _____

☐ Channeling _____

☐ Fortune telling _____

☐ Incantations _____

☐ Magic - white/black _____

☐ Ouija board _____

☐ Seances _____

☐ Spells _____

- ☐ Tarot cards _____
- ☐ Witchcraft/Wicca _____

SPIRITUAL EVALUATION – NEW AGE/PSYCHIC PRACTICES

- ☐ Auras _____
- ☐ Clairvoyance/precognition _____
- ☐ Firewalking _____
- ☐ Levitation _____
- ☐ Meditation/Mantras _____
- ☐ Mind control _____
- ☐ Parapsychology _____
- ☐ Past-Life Therapy _____
- ☐ Psychic consultation _____
- ☐ Spirit guides _____
- ☐ Telepathy _____
- ☐ Trances _____
- ☐ Transcendental Meditation _____
- ☐ Voodoo _____
- ☐ Yoga _____

RELIGIOUS LITERATURE

If you have read or studied, please put X in the box ☐.

If further explanation is needed, please do so on the line.

- ☐ Bhagavad-Gita (Hinduism) _____
- ☐ Book of Mormon _____
- ☐ Dianetics (Scientology) _____

- ☐ Edgar Cayce books _____
- ☐ Koran _____
- ☐ Necronomicon _____
- ☐ Satanic Bible _____
- ☐ Science and Health (Christian Science) _____
- ☐ Teachings of Buddha _____

RELIGIOUS BELIEFS, CULTS, SECRET SOCIETIES & OTHERS

If you or your family have participated in any of these, please put X in the box ☐.

If further explanation is needed, please do so on the line.

If the X refers to a family member, please indicate who in the family.

- ☐ Atheism /Agnosticism _____
- ☐ Buddhism / Zen _____
- ☐ Church of Satan _____
- ☐ Hinduism _____
- ☐ Islam _____
- ☐ Jehovah's Witnesses _____
- ☐ Kabbalism _____
- ☐ Freemasonry _____
- ☐ Mormonism _____
- ☐ Neo-Nazis/Skinheads _____
- ☐ KKK/Racism _____
- ☐ Reincarnation _____
- ☐ Santeria _____
- ☐ Satanism _____
- ☐ Scientology _____

- ☐ Voodoo _____
- ☐ Witchcraft _____
- ☐ Gang _____
- ☐ Fraternity/Sorority _____

PHYSICAL HEALTH ISSUES

- ☐ Cancer _____
 - ☐ Diabetes _____
 - ☐ Epilepsy _____
 - ☐ Gastrointestinal issues _____
 - ☐ Heart disease _____
 - ☐ Infertility _____
 - ☐ Post-Traumatic Stress Disorder _____
- Other health issues: _____

MENTAL HEALTH PROFILE

If you or your family members have this mental health issue, please put an X in the box ☐.

If further explanation is needed, please do so on the line.

If the X refers to a family member, please indicate who in the family.

- ☐ ADD/ADHD _____
- ☐ Anxiety/Panic Disorder _____
- ☐ Bipolar _____
- ☐ Borderline _____
- ☐ Depression _____
- ☐ OCD (obsessive compulsive) _____

☐ Phobias (if yes, please list) _____

☐ MPD/DID (multiple personalities) _____

☐ Schizophrenia _____

Other mental disorders: _____

Current medications: _____

☐ Psychiatric/psychological diagnosis, if any: _____

☐ Seen psychologist? If yes, how often _____

☐ Seen psychiatrist? If yes, how often _____

EMOTIONAL / BEHAVIORAL PROFILE

Please put an X in the box ☐ that best describes you.

☐ Do you have panic attacks? _____

☐ Have you experienced a loss of time? _____

☐ Have you experienced sleep paralysis? _____

☐ Depressed _____

☐ Fearful _____

☐ Insecure _____

☐ Low self-esteem _____

☐ Nightmares _____

☐ Self-condemnation _____

☐ Worthlessness _____

Anger Issues

☐ Bitterness _____

- ☐ Envy _____
- ☐ Emotional abuse _____
- ☐ Frustration _____
- ☐ Hatred _____
- ☐ Jealousy _____
- ☐ Physical abuser _____
- ☐ Physical abuse victim _____
- ☐ Strife _____
- ☐ Rage _____
- ☐ Revenge _____
- ☐ Unforgiveness _____

Death Issues

- ☐ Abortion (you/spouse/other) _____
- ☐ Murder _____
- ☐ Self-harm/cutting _____
- ☐ Suicide attempt(s) # _____
- ☐ Shoplifting _____
- ☐ Tourette's Syndrome _____
- ☐ Sex _____
- ☐ Tobacco _____
- ☐ Workaholism _____
- ☐ Vandalism _____
- ☐ Violent acts _____

- ☐ Prostitution _____
- ☐ Raped _____
- ☐ Sadomasochism _____
- ☐ Stripping _____
- ☐ Transvestism _____
- ☐ Intent to harm others _____

Aberrational Behavior

- ☐ Anxiety attacks _____
- ☐ Anorexia/Bulimia _____

Addictions

- ☐ Alcoholism _____
- ☐ Drugs _____
- ☐ Food _____

Criminal Activity

- ☐ Arrested/imprisoned _____
- ☐ Embezzlement _____
- ☐ Thoughts of self-harm _____
- ☐ Compulsive spending _____
- ☐ Picking/tics _____
- ☐ Gambling _____
- ☐ Prescription drugs _____

☐ Sleep aids _____

☐ Rape _____

☐ Selling illegal drugs _____

SEXUAL HISTORY (given by permission)

Please put an X in the box ☐ that applies to you.

☐ Adultery _____

☐ Bestiality _____

☐ Internet/phone sex _____

☐ Molested _____

☐ Molested someone _____

☐ Lustful thoughts _____

☐ Necrophilia _____

☐ Perverted sex _____

☐ Promiscuity _____

☐ Pornography _____

TRAUMA OCCURRENCE(S)

1. List any episodes of abuse, trauma, major accidents, or any other events that deeply affected you.

a) Events from age 0 to 5:

b) Events from age 5 to 10:

c) Events from age 10 to 15:

d) Events from age 15 to 20:

e) Events after age 20:

DEMONIC ACTIVITY

Please put an X in the box ☐ that applies to you.

- ☐ Anti-Christ obsessions _____
- ☐ Blasphemous thoughts _____
- ☐ Curses placed on you/family _____
- ☐ Deny Jesus is God _____
- ☐ Deny the existence of Satan or demons _____
- ☐ Desire to curse God/Christ _____
- ☐ Desire to renounce God/Christ _____
- ☐ Hostility to/rejection of God _____
- ☐ Pact with the devil _____

DEMONIC MANIFESTATIONS

- ☐ Alien abduction ☐ Change in voice ☐ Clawing inside ☐ Confused thought
- ☐ Defile holy objects ☐ Convulsions/seizures ☐ Eyes turn red when angry ☐ Fear anointing oil ☐ Fear holy water/salt ☐ Feel a presence ☐ Foam at the mouth ☐ Inability to move/speak
- ☐ Mood changes ☐ Near-death experience ☐ Obscene outbursts ☐ Out-of-body experience ☐ Poltergeists ☐ Possessed by living person ☐ See dark shapes/shadows ☐ See demons ☐ See fairies ☐ See ghosts/apparitions ☐ See monsters ☐ Spirit possession ☐ See visions ☐ Smell strange odors ☐ Sudden sleepiness ☐ Thoughts invaded ☐ UFO sightings
- ☐ Unable to pray ☐ Unable to read Bible ☐ Unexplained accidents
- ☐ Unknown language spoken ☐ Unusual lights ☐ Unusual sounds ☐ Voices of dead heard

ABNORMAL DEMONIC ACTIVITY

- ☐ Succubus (demonic sexual intercourse with a female spirit)
- ☐ Incubus (demonic sexual intercourse with a male spirit)
- ☐ Feeling cold or having the room become very cold
- ☐ Bites, scratches, or other physical attacks on your body
- ☐ Vomiting/coughing up phlegm in response to prayer
- ☐ Feelings of being choked/unable to breathe when praying
- ☐ Hearing growling sounds inside your head or body
- ☐ Fear of, mocking of, and revulsion toward Christian symbols, objects, music, etc.

Hearing voices or having thoughts that:

- ☐ Blaspheme God, Jesus, or the Holy Spirit
- ☐ Suggest/urge illegal/immoral/destructive activities
- ☐ Drive you to commit suicide, homicide
- ☐ Compel sexual assaults on others or perverse sexual acts