Personal Spiritual Profile for Inner Freedom Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this profile, make a hardcopy, and bring to your first Inner Freedom session. All information from this profile is confidential. Your privacy will be honored and respected.

1. List any generational bondages or sins (repeated behavioral patterns in your family lineage).

2. List any “word curses” that have been spoken about you or ones you have said about yourself. (destructive words or phrases)

3. List names (first only) of anyone you have created a “soul bond” with. (any unhealthy physical or emotional tie with another person)

4. Have you or anyone in your family been involved in any cults or false religions?

\_\_\_\_Hinduism

\_\_\_\_Islam

\_\_\_\_Baha’i faith

\_\_\_\_Jehovah’s Witnesses

\_\_\_\_Buddhism

\_\_\_\_Unity

\_\_\_\_Mormonism

\_\_\_\_Christian Scientist

\_\_\_\_Masons and Masonry

\_\_\_\_devotion to Mary, saints, or religious images

\_\_\_\_any religion or teaching that denies the deity of Christ and salvation through faith in His death and resurrection (please describe)

\_\_\_\_any church that is excessively authoritarian or controlling of your personal life

\_\_\_\_ Other (please describe)

5. Have you or has any person in your family been involved in any occult practices?

\_\_\_\_calling the dead or other spirits

\_\_\_\_horoscopes

\_\_\_\_psychics/palm reading/fortune telling/tarot cards

\_\_\_\_magic or good luck charms

\_\_\_\_Dungeons and Dragons/similar games

\_\_\_\_witchcraft or sorcery (including white magic)

\_\_\_\_astral projection

\_\_\_\_Eastern meditation/Transcendental Meditation

\_\_\_\_ Demonic movies or music

\_\_\_\_New Age, crystals

\_\_\_\_Satanism

\_\_\_\_Ouija board

\_\_\_\_superstitions

\_\_\_\_hypnotism

\_\_\_\_spirit guides

\_\_\_\_secret ceremonies

\_\_\_\_ESP, mind reading

\_\_\_\_ Other (explain)

6. Have you personally experienced emotional trauma in any of the following ways?

\_\_\_\_verbal, emotional, physical, or sexual abuse

\_\_\_\_rape or sexual aggression

\_\_\_\_violence

\_\_\_\_breakup in marriage or family

\_\_\_\_severe injury

\_\_\_\_abandonment

\_\_\_\_death of a loved one

\_\_\_\_abortion or miscarriage

\_\_\_\_near-death experience

\_\_\_\_car accident

\_\_\_\_any fear or phobia inducing experience (please describe)

\_\_\_\_other (please describe)