



Vincent ten Bouwhuis Ministries
and Worldwide Missionary Foundation

Inner Healing & Deliverance Ministry Personal Profile

Please fill out this profile as complete as you can this is vitally important. Before you start to fill out the questions, ask the Father in the name of Jesus Christ for the Holy Spirit to help you and to bring to your memory everything that is important and relevant for your Inner Healing & Deliverance ministry.

As stated clearly on every page all information is dealt with the strictest confidence and not shared with anyone.

When the form is filled out and signed please return it to the ministry.

Please write clearly and fill out ALL questions!

Name: _____ Date: _____

Age: _____ D.o.b _____ Telephone Nr(s) _____

E-mail address: _____

Home address: _____

City/State/Zip _____

Country: _____

Marital Status: Married / Single / Widowed: _____ Nr of times married: _____

Describe your current marriage/relationship (if you live with someone then state this) _____

Children: (Y/N) _____ How many: _____

Raised in a Christian home? _____

Born again? (Y/N) _____ When? _____

Water Baptised by immersion? (Y/N) _____ When? _____

Are you baptised with the Holy Spirit with the evidence of speaking in tongues? (Y/N) _____

When (or app. how long ago)? _____

Biggest problems you'd like help with : _____

Church Participation: How often? _____ Per week / month / year (Circle one)

Are you participating in any Ministries through your Church? Yes _____ No _____

If Yes, which ministries? _____

Do you know what your Spiritual Gifts are? Yes _____ No _____

If Yes, what? _____

How often do you have Bible Devotions? _____ Per week / month / year (Circle one)

Do you regularly tithe? Yes _____ No _____

Do you have assurance of your salvation? _____

Have you been hurt or disillusioned by churches/pastors? _____

POSSIBLE DEMONIC INVOLVEMENT AND MANIFESTATIONS (ANCESTORS INCLUDED)

Important read these instructions!

If any of the following applies to you circle the Y for Yes, if it applies to your Ancestors (Parents, Grandparents, Great Grand Parents, etc) then circle the A (for Ancestral) , if it applies to you and the ancestors the you circle BOTH. If you are not sure the circle the N (for not sure). If it does NOT apply to you NOR your ancestors then leave it blank, so then don't circle anything! Y=YES A=Ancestral N=Not Sure

1) Rebellion

Unsubmissive Y/A/N

Defensive Y/A/N

Unteachable Y/A/N

Argumentative Y/A/N

Other: _____

2) Wicca/Witchcraft

Ouija board (planchette) Y/A/N

Sorcery Y/A/N

Seances/channeling Y/A/N

Charming Y/A/N

Astrology/horoscopes Y/A/N

Magic - white/black Y/A/N

Table tipping Y/A/N

Fortune telling Y/A/N

Water witching/dowsing Y/A/N

Light as a feather Y/A/N

Visionary dreams Y/A/N

Witch/warlock/wiccan Y/A/N

Palm reading Y/A/N

Runes Y/A/N

Spell books Y/A/N

Crystals Y/A/N

Spells Y/A/N

Secret oaths Y/A/N

Automatic writing/painting Y/A/N

Curses Y/A/N

Remote viewing Y/A/N

Crystal balls Y/A/N

Astral projection Y/A/N

Tarot cards Y/A/N

Halloween/pagan holidays Y/A/N

Bloody Mary Y/A/N

Sealed vows Y/A/N

Fairies/Native Spirits Y/A/N

Necromancy (talking with the dead) Y/A/N

Reading tea leaves/coffee grounds/dripped wax/bones, etc. Y/A/N

Other: _____

This form will always be dealt with in the strictest confidence

3) New Age

Yoga Y/A/N	Holistic health practices Y/A/N	Trances Y/A/N
Transcendental Meditation Y/A/N	Mind control Y/A/N	Levitation Y/A/N
Martial arts meditation Y/A/N	Psychic healing Y/A/N	Mantras & other chants Y/A/N
Psychometry Y/A/N	Psychics Y/A/N	I Ching Y/A/N
Clairvoyance/precognition Y/A/N	Materialization Y/A/N	Parapsychology Y/A/N
Voodoo Y/A/N	Eastern meditation Y/A/N	Hypnosis Y/A/N
Visualization/guided imagery Y/A/N	Healing magnetism Y/A/N	Clairaudience Y/A/N
Pyramid power Y/A/N	Spirit guides Y/A/N	Teleportation Y/A/N
Interpreting/reading aura colors Y/A/N	Apportation Y/A/N	Tantric yoga Y/A/N
Telekinesis Y/A/N	Numerology Y/A/N	Psychokinesis Y/A/N
Biorhythm charts Y/A/N	A false tongue Y/A/N	E.S.P. Y/A/N
Psychic transference of power Y/A/N	Telepathy Y/A/N	Biofeedback Y/A/N
Seeing into or through objects Y/A/N	Hypnotic "past life" experiences and/or "past life" therapy Y/A/N	
Ability to cause electro/mechanical malfunction Y/A/N	Contact with an "ascended master" Y/A/N	

Other: _____

19) Secret Societies

Freemasonry Y/A/N	DeMolay Y/A/N	Eastern Star Y/A/N
Rainbow Girls Y/A/N	Ku Klux Klan Y/A/N	Job's Daughters Y/A/N
Aryan Nation Y/A/N	Shriners Y/A/N	Skinheads/Neo-Nazi Y/A/N
Daughters of the Nile Y/A/N		

Other: _____

20) Religious Affiliations

Mormons Y/A/N	Church of Satan Y/A/N	Jehovah's Witnesses Y/A/N
Children of God Y/A/N	Christian Science Y/A/N	Santeria Y/A/N
Scientology Y/A/N	Swedenborgianism Y/A/N	Islam Y/A/N
Rosicrucianism Y/A/N	Hare Krishna Y/A/N	Unity Y/A/N
Theosophy Y/A/N	The Way International Y/A/N	Edgar Cayce Y/A/N
Buddhism/Zen Y/A/N	Mythology Y/A/N	Science of Mind Y/A/N
Eckankar Y/A/N	Anthroposophy Y/A/N	Spiritism Y/A/N
Atheism /Agnosticism Y/A/N	Kabbalism Y/A/N	Voodoo Y/A/N
"A Course in Miracles" Y/A/N	Rastafarianism Y/A/N	Satanism Y/A/N
Druids/Celtic religions Y/A/N	Bahai'ism Y/A/N	Palo Mayombe Y/A/N
Unification Church (Moonies) Y/A/N	Reincarnation Y/A/N	Hinduism Y/A/N
The Church Universal & Triumphant Y/A/N		
Science of Creative Intelligence/TM Y/A/N		
Umbanda/Macumba/Condomble Y/A/N		

Other: _____

22) Spiritual Objects

Kachina dolls Y/N/U	Pagan artifacts Y/N/U	Charms/medallions Y/N/U
Tiki Figures Y/N/U	Voodoo dolls Y/N/U	Mormon undergarments Y/N/U
Dream catcher/native American crafts Y/N/U	Spirit Mask/Alaskan native arts Y/N/U	

Other: _____

SPIRITUAL & EMOTIONAL PROFILE (ANCESTORS NOT INCLUDED)

Important read these NEW instructions!

If any of the following applies to you circle the Y for Yes. If you are not sure the circle the U (for UNSURE) If it does NOT apply to you then circle N for NO.

Y=YES N=NO U=UNSURE

4) Rejection/Abandonment

In foster care Y/N/U	Shunned/excommunicated Y/N/U
Discrimination (sex, religion, race, age, etc.) Y/N/U	

Other: _____

5) Addictions

Food Y/N/U	Workaholism Y/N/U	Drugs Y/N/U
Sleep aids Y/N/U	Alcoholism Y/N/U	Gambling Y/N/U
Sex Y/N/U	Spending Y/N/U	Tobacco Y/N/U
Media Y/N/U	Caffeine Y/N/U	Internet/video games Y/N/U
Diet pills Y/N/U	Fetishism Y/N/U	Pornography Y/N/U
Other: _____		

6) Obsessive/Compulsive

Obsessive/Compulsive Disorder Y/N/U	Compulsive spending Y/N/U	
Anorexia/Bulimia Y/N/U	Shoplifting Y/N/U	Perfectionism Y/N/U
Other: _____		

7) Mental Problems

Daydreaming Y/N/U	Fantasies Y/N/U	Distraction Y/N/U
Memory gaps Y/N/U	ADD/ADHD Y/N/U	Amnesia Y/N/U
MPD/DID Y/N/U	Confusion Y/N/U	
Other: _____		

8) Unwholesome Entertainment

Offensive rock/rap/death metal Y/N/U	HIP HOP music/culture Y/N	Video/computer games Y/N/U
Horror/occult/violent movies Y/N/U	Horror/occult/violent books Y/N/U	MTV Y/N
Role playing games (Majik, Pokemon, Dungeons & Dragons etc.) Y/N/U		
Other: _____		

9) Death

Feelings of Murder Y/N/U	Self harm/cutting Y/N/U
Abortion in ancestral history Y/N/U	
Have you ever aborted a child? Y/N/U	If yes how often and how old were you? _____
Have you ever murdered anyone? Y/N	If yes how old were you? _____
Other: _____	
Suicide attempt(s) Y/N	How often and at which age? _____

10) Superstitions/Curses

Blood pacts Y/N/U	Lines & Cracks Y/N/U	Broken mirrors Y/N/U
Black cats Y/N/U	Amulets/talismans Y/N/U	Walking under a ladder Y/N/U
Spilled salt Y/N/U		
Other: _____		

11) Criminal Activity

Embezzlement Y/N/U	Vandalism Y/N/U	Arrested/jailed Y/N/U
Tendency to commit violent acts/crimes Y/N/U		Selling of illegal substances Y/N/U
Other: _____		

12) Character Issues

Vanity Y/N/U	Lying Y/N/U	Stubbornness Y/N/U
Stealing Y/N/U	Greed Y/N/U	Cursing Y/N/U
Gossip/slandering Y/N/U	Critical spirit Y/N/U	
Other: _____		

13) Ancestral/Cultural Background

Shamanism Y/N/U	Cultural dances and rituals Y/N/U	Fire walking Y/N/U
Contact with ancestral spirits Y/N/U		
Other: _____		

14) Negative Emotions

Fear Y/N/U	Stress Y/N/U	Doubt Y/N/U
Heaviness Y/N/U	Anxiety Y/N/U	Blackness Y/N/U
Nightmares Y/N/U	Worry Y/N/U	Suspicion Y/N/U
Loneliness Y/N/U	Lack of trust Y/N/U	Worthlessness Y/N/U
Fear of man Y/N/U	Depression paranoia Y/N/U	Introversion Y/N/U
Other: _____		

15) Anger

Rage Y/N/U	Strife Y/N/U	Hatred Y/N/U
Frustration Y/N/U	Revenge Y/N/U	Bitterness Y/N/U
Envy Y/N/U	Jealousy Y/N/U	Competition Y/N/U
Unforgiveness Y/N/U	towards	
who? _____		

Physical abuse (victim of/victimizer) Y/N/U	Emotional abuse (victim of/victimizer) Y/N/U
Other: _____	

16) Grief

Excessive mourning Y/N/U	Self-pity/hate Y/N/U	Sorrow Y/N/U
Insomnia Y/N/U	Bitterness Y/N/U	
Other: _____		

17) Pride

Arrogance Y/N/U	Defensiveness Y/N/U	Idleness Y/N/U
Boastfulness/bragging Y/N/U	Obstinacy Y/N/U	Controlling Y/N/U
Contentiousness Y/N/U	Overbearing Y/N/U	
Other: _____		

18) Occult Books

Carlos Castaneda books Y/N/U	Necronomicon Y/N/U	Satanic Bible Y/N/U
Book of Mormon Y/N/U		
Other: _____		

21) Sexual History (given by permission)

Adultery Y/N	Incest Y/N	Pornography Y/N
Lustful thoughts Y/N	Fornication Y/N	Desire for abnormal sex Y/N
Prostitution Y/N	Bestiality Y/N	Stripping Y/N
Necrophelia (sex with corpses) Y/N	Masturbation Y/N	Sadomasochism Y/N
Homosexuality Y/N	Cyber/phone sex Y/N	Immorality Y/N
Peodophilia Y/N	Were you ever a prostitute Y/N	Did you visit prostitutes Y/N
Lesbianism Y/N	Homosexuality Y/N	

Have you ever been raped? Y/N/U	How often? _____	How old were you? _____
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Have you ever been molested? Y/N/U	How often? _____	How old were you? _____
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Is there anything else we should know? _____

Have you ever raped someone else? Y/N	How old were you? _____
Have you ever molested someone else? Y/N	How old were you? _____

26) Health Issues

Infertility Y/N/U

Arthritis Y/N/U

Cancer Y/N/U

Epilepsy Y/N/U

Diabetes Y/N/U

HIV Y/N/U

Other: _____

Previous Psychiatric Diagnosis: _____

Medications: _____

FAMILY PROFILE:

1. How was your relationship with your parents or stepparents? ____ Good ____ Bad ____ Indifferent

2. How was your relationship with siblings? ____ Good ____ Bad ____ Indifferent

3. Were you a planned child? ____ Yes ____ No ____ Don't Know

a) The right sex? ____ Yes ____ No ____ Don't Know

b) Were you conceived out of wedlock? ____ Yes ____ No ____ Don't Know (Bible term is Illegitimacy)

c) Were you adopted? ____ Yes ____ No ____ Don't Know

If Yes, do you know anything about your natural parents? _____

d) Did your mother suffer any trauma during her pregnancy with you?

____ Yes ____ No ____ Don't Know

4. Are your parents living? ____ Yes ____ No ____ Don't Know

5. Are your parents: ____ Married ____ Divorced ____ Remarried

Explain: _____

PERSONAL PROFILE:

1. Please list in 5-year segments any episodes of abuse, trauma, major accidents, or any other events that you know of that deeply affected you.

a) Events from 0 to 5: _____

b) Events from 5 to 10: _____

c) Events from 10 to 15: _____

d) Events from 15 to 20: _____

e) Events after 20: _____

2. Are you a critical person? ____ Yes ____ No ____ Maybe

3. What is your self-image? (check all applicable)

____ Low self-esteem ____ Feel insecure ____ Condemn yourself ____ Believe you're a failure

____ Feel worthless ____ Hate yourself ____ Feel inferior ____ Question your identity

____ Punish yourself (If so, how?) _____

4. What was your father like? ____ Passive ____ Strong

5. What was your mother like? ____ Passive ____ Strong

6. Did you have a happy childhood? ____ Yes ____ No

7. As a child, teen, adult, did you suffer an injustice or disillusionment? ____ Yes ____ No

Explain: _____

8. Do you have trouble giving or receiving love? ____ Yes ____ No ____ At Times

EMOTIONAL PROFILE:

1. Any history of mental illness? ____Yes ____No
2. Have you had:
Counseling ____Yes ____No Psychiatric care ____Yes ____No
Hypnosis ____Yes ____No Shock treatment ____Yes ____No
3. Do you have feelings of guilt and worthlessness? ____Yes ____No
4. Do you have any physical symptoms which may appear suddenly or pass quickly for which there is no medical reason? Such as:
____Choking sensation ____Heaviness on the chest ____Dizziness, blackouts, or fainting spells
____Tightness around your head and eyes ____Pain which seems to move around inside your body
Other: _____
5. Do you have terrifying seizures of panic or other abnormal fears? ____Yes ____No
6. Have you ever acted like a child since becoming an adult? ____Yes ____No
7. Do you experience loss of time? Do you sometimes go minutes, or hours and don't remember what happened during that time? ____Yes ____No
8. What is your earliest memory? _____
9. Are portions of your life missing from memory? ____Yes ____No
10. If you go through a deliverance, are you willing to do whatever it takes to maintain that deliverance? ____Yes ____No
11. Have you talked to or asked a minister for help or been through deliverance/exorcism? ____Yes ____No
12. Is your spouse, parent/guardian, or other close family member aware that you're seeking deliverance? ____Yes ____No

OCCULT PROFILE:

1. Have you ever made a pact with the devil? ____Yes ____No
If so, was it a blood pact? ____Yes ____No
What was it? _____
When was it? _____
Why? _____
Are you willing to renounce it? ____Yes ____No
2. Do you know if any curse has been placed on your family or you? ____Yes ____No
If Yes, what is the curse? _____
3. To your knowledge, have your parents or ancestors ever been involved in: (check all applicable)
____Witchcraft ____Satanism ____Divination ____Spiritualism ____Cults
____Pagan religions Other: _____

Your consent to Inner Healing and Deliverance ministry:

Your signature

Print your name

Date

ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD:
(Feel free to add pages or use the back if you feel it to be relevant extra information, it's better to mention too much than too little)