

STOP HURTING™
START HEALING
RESTORATION & WHOLENESS MINISTRY



APPLICATION

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Breaking Free Wellness Center

Fort Myers, Florida

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Unless otherwise specified all Bible references are from the New King James version.

STOP HURTING START HEALING CONTACT INFORMATION

Name: _____
 Street/City/St/Zip: _____
 Email: _____ Phone: (_____) _____

PERSONAL INFORMATION

Fill out the following information in detail and hand in one week prior at the pre-ministry appointment.

Occupation: _____ Hours worked a week: _____

Employed by: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried ___

If married, does your spouse desire ministry? Yes ___ No ___ If not, please explain: _____

Presently living with: Parents ___ Spouse ___ Alone ___ Other (please specify) _____

MARITAL BACKGROUND:

Name of spouse: _____ Occupation: _____

Have you ever been separated? Yes ___ No ___ If so, when? _____

MARRIAGE(S)

Date Married	Your Age	Spouse's Age	Spouse's Name	Duration	Reason it ended

CHILDREN

Name	Age	Sex	Which Marriage	Married?	Living?

EDUCATIONAL BACKGROUND: (Mark last year of school completed)

Grade School: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___

High School: 9 ___ 10 ___ 11 ___ 12 ___

College: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6+ ___

Degrees: _____

MEDICAL & RELIGIOUS BACKGROUND

Are you receiving medical treatment? Yes _____ No _____ For what purpose? _____

Are you currently taking medication prescribed for emotional reasons? Yes _____ No _____

What medication? _____

Do you have any serious medical conditions? Yes _____ No _____

What are they? _____

RELIGIOUS BACKGROUND

Are you currently a member of a church? _____

Describe your present relationship with the Lord. _____

YOUR BIRTH CONDITIONS

Check if any of the situations were present when you were conceived or during your mother's pregnancy.

- | | |
|---|--|
| _____ 1. My mother dieted | _____ 14. My mother did not want me. |
| _____ 2. My mother took drugs | _____ 15. My father did not want me. |
| _____ 3. My mother smoked | _____ 16. I was given up for adoption. |
| _____ 4. My mother drank alcohol | _____ 17. I was the next child after a miscarriage
or abortion. |
| _____ 5. My mother drank caffeine | _____ 18. I was conceived out of wedlock. |
| _____ 6. My mother experienced trauma | _____ 19. There were premature complications. |
| _____ 7. I was conceived by rape | _____ 20. Breech delivery. |
| _____ 8. My mother was in poor health | _____ 21. Cord around my neck during delivery. |
| _____ 9. My mother lost a loved one | _____ 22. Forceps delivery. |
| _____ 10. My father died or left | _____ 23. Labor was induced. |
| _____ 11. There was a lot of fighting in the home. | _____ 24. I suffered a loss of oxygen during
delivery. |
| _____ 12. My parents were too young; not ready
for children. | _____ 25. C-section delivery. |
| _____ 13. My parents wanted a child of the
opposite sex. | |

Other: _____

FAMILY BACKGROUND	FATHER	MOTHER
What country or countries did your ancestors originally come?		
What prominent cultural and/or ethnic backgrounds are in your ancestral lines?		
What are the church backgrounds of your ancestors?		
What areas within America have they primarily lived?		
Were they possibly connected with slavery i.e. Slaves? Slave owners? Slave traders?		
Is it possible they were involved in unfair business practices?		
Is it possible they were involved in the occult?		

FAMILY PATTERNS: _____

(Note: This includes your immediate family and grandparents, great-grandparents, uncles, aunts)

- | | |
|---|--|
| <input type="checkbox"/> Lack of intimacy (in marriage, other) | <input type="checkbox"/> Business, financial or other losses |
| <input type="checkbox"/> Lack of communication between spouses | <input type="checkbox"/> Codependency |
| <input type="checkbox"/> Lack of communication between parents | <input type="checkbox"/> Children favored, idolized |
| <input type="checkbox"/> Lack of communication with parents/child | <input type="checkbox"/> Children not valued, neglected |
| <input type="checkbox"/> Men dominant over women | <input type="checkbox"/> Children taking care of parents |
| <input type="checkbox"/> Women dominant over men | <input type="checkbox"/> Children dishonoring parents |
| <input type="checkbox"/> Broken marriages/divorce | <input type="checkbox"/> Sibling rivalry, fights, feuds |
| <input type="checkbox"/> Family secrets | <input type="checkbox"/> Chronic illness/sickness |
| <input type="checkbox"/> Pride and arrogance | <input type="checkbox"/> Premature deaths |
| <input type="checkbox"/> Unfulfilled lives and/or destinies | <input type="checkbox"/> Most received salvation |
| <input type="checkbox"/> Broken promises (relationships/finances) | <input type="checkbox"/> Most were not saved |
| <input type="checkbox"/> Men/women workaholics | <input type="checkbox"/> Idolatry of _____ |
| <input type="checkbox"/> Success/failure cycles | <input type="checkbox"/> Abuse: _____ |
| <input type="checkbox"/> Deceptive business practices | <input type="checkbox"/> Addiction: _____ |

PARENTAL RELATIONSHIPS: _____

Natural Parents: Married ___ Separated ___ Divorced ___ Never Married ___
Rate your parent's marriage: Unhappy ___ Average ___ Happy ___ Very Happy ___
If parents separated or divorced, how old were you at the time? _____
Father remarried when you were age _____ Mother remarried when you were age _____
You lived with: Mother ___ Father ___ Foster ___ Other Family Member ___ Who? _____
Step-parents (if applicable) Married ___ Separated ___ Divorced ___
Father deceased? Yes ___ No ___ How old were you at the time? _____
Mother deceased? Yes ___ No ___ How old were you at the time? _____

PARENTAL RELATIONSHIPS: _____

What kind of relationship did/do you have with your father?

What kind of relationship did/do you have with your mother?

On a scale of 1 to 10, indicate how much each parent loved you. How did they show love?

FATHER: ___ (ON A SCALE OF 1 TO 10)

MOTHER: ___ (ON A SCALE OF 1 TO 10)

Who has caused you the most pain or disappointment? Describe what happened:

List the main issues in your life that you and God are working on at this time:

GENERAL QUESTIONS ABOUT YOUR MOTHER

1. Did your mother want you? Yes ___ No ___ Did she plan you? Yes ___ No ___
2. Was your mother under stress when she conceived you? Yes ___ No ___ How?

3. Was your mother fearful, depressed, angry, sickly or mourning during pregnancy?

4. Were you the next child after a miscarriage or abortion? Yes ___ No ___
5. Was your mother married? Yes ___ No ___
6. Was your father around during your mother's pregnancy? Yes ___ No ___
7. Were you given up for adoption? Yes ___ No ___
8. Were you premature, experience other complications during birth? Yes ___ No ___ Explain:

9. Did your mother have any accidents/trauma during pregnancy? Yes ___ No ___ Explain:

10. Did your mother engage in any witchcraft or occult practices? Yes ___ No ___
11. Did your mother smoke, drink or do drugs during her pregnancy? Yes ___ No ___
12. Was your mother a "huggy" kind of person? Yes ___ No ___
13. Did your mother verbally abuse you? Yes ___ No ___
14. Did your mother sexually abuse you? Yes ___ No ___
15. Did your mother physically abuse you? Yes ___ No ___

GENERAL QUESTIONS ABOUT YOUR FATHER

1. Was he always there for you, as a child from birth to 18? Yes ___ No ___
2. Did he ever verbally abuse you? Yes ___ No ___ How? _____

3. Did he ever physically or sexually abuse you? Yes ___ No ___ How? _____

4. Did he show more love to your sibling than you? Yes ___ No ___
5. Did he hug you and tell you he loved you? Scale 1 – 5 _____
6. Did he reject you in any way? Yes ___ No ___ How? _____

7. Was he away a lot? Yes ___ No ___ Did he work a lot? Yes ___ No ___
8. Did he support your pursuit of interests like sports, art, music? Yes ___ No ___ How?

9. Did he want a boy ___ or a girl ___ Did you disappoint him? _____
10. Did he treat your mother well? Yes ___ No ___ If not, how?

11. Was your father in your life from the beginning? Yes ___ No ___ If not, was he involved at some point? When? _____

12. Do you hold unforgiveness toward your father? Yes _____ No _____ If so, why?

13. Did you have a stepfather or another man figure in your life as child? Yes _____ No _____

14. How did he treat you?

GENERAL QUESTIONS ABOUT YOUR STEP-FATHER

1. Was he always there for you, as a child from birth to 18? Yes ___ No ___
2. Did he ever verbally abuse you? Yes ___ No ___ How? _____

3. Did he ever physically or sexually abuse you? Yes ___ No ___ How? _____

4. Did he show more love to your sibling than you? Yes ___ No ___
5. Did he hug you and tell you he loved you? Scale 1 – 5 _____
6. Did he reject you in any way? Yes ___ No ___ How? _____

7. Was he away a lot? Yes ___ No ___ Did he work a lot? Yes ___ No ___
8. Did he support your pursuit of interests like sports, art, music? Yes ___ No ___ How?

9. Did he want a boy ___ or a girl ___ Did you disappoint him? _____
10. Did he treat your mother well? Yes ___ No ___ If not, how?

11. Was your step-father in your life from the beginning? Yes ____ No ____

If not from the beginning, was he involved at some point? When?

12. Do you have unforgiveness toward your step-father? Yes ____ No ____ If so, why?

13. Did you have another man figure in your life as a child? Yes ____ No ____

14. How did he treat you?

Open Doors

Check if applicable to: Father = F Mother = M or Self

ABANDONMENT

Divorce F__ M__ SELF__
Emotional Abandonment F__ M__ SELF__
Not Wanted F__ M__ SELF__
Rejection F__ M__ SELF__
Self-Pity F__ M__ SELF__
Separation F__ M__ SELF__
Unprotected F__ M__ SELF__
Fatherlessness F__ M__ SELF__
Out of Wedlock F__ M__ SELF__

PERFORMANCE

Comparison F__ M__ SELF__
Competition F__ M__ SELF__
Coveting F__ M__ SELF__
Envy/Jealousy F__ M__ SELF__
People Pleasing F__ M__ SELF__
Perfectionism F__ M__ SELF__
Possessiveness F__ M__ SELF__
Striving F__ M__ SELF__
Workaholic F__ M__ SELF__

SHAME

ANGER

Abandonment F__ M__ SELF__
Disappointment F__ M__ SELF__
Feuding F__ M__ SELF__
Hatred F__ M__ SELF__
Hostility F__ M__ SELF__
Murder F__ M__ SELF__
Rage F__ M__ SELF__
Resentment F__ M__ SELF__
Revenge F__ M__ SELF__
Spoiled as a child F__ M__ SELF__
Temper Tantrums F__ M__ SELF__
Violence F__ M__ SELF__

Embarrassment F__ M__ SELF__
Guilt F__ M__ SELF__
Born out of Wedlock F__ M__ SELF__
Regret F__ M__ SELF__
Self-Condernation F__ M__ SELF__
Self-Hate F__ M__ SELF__
Self-Pity F__ M__ SELF__

REJECTION

Expected Rejection F__ M__ SELF__
Perceived Rejection F__ M__ SELF__
Self-Rejection F__ M__ SELF__
Insecurity F__ M__ SELF__

UNWORTHINESS

Inadequacy F__ M__ SELF__
 Inferiority F__ M__ SELF__
 Insecurity F__ M__ SELF__
 Self-Condernation F__ M__ SELF__
 Self-Hate F__ M__ SELF__
 Self-Punishment F__ M__ SELF__
 Self-Sabotage F__ M__ SELF__

DEATH

Abortion F__ M__ SELF__
 Accidents F__ M__ SELF__
 Death Wish F__ M__ SELF__
 Death to Destiny/Dreams F__ M__ SELF__
 Miscarriage F__ M__ SELF__
 Murder F__ M__ SELF__
 Premature Death F__ M__ SELF__
 Suicide/Suicide Attempt F__ M__ SELF__
 Suicide Fantasies F__ M__ SELF__

ADDICTIONS & DEPENDENCIES

Alcohol F__ M__ SELF__
 Excessive Caffeine F__ M__ SELF__
 Cocaine F__ M__ SELF__
 Computers/ F__ M__ SELF__
 Downers/Uppers F__ M__ SELF__
 Food F__ M__ SELF__
 Gambling F__ M__ SELF__
 Marijuana F__ M__ SELF__
 Nicotine F__ M__ SELF__
 Shopping/Overspending F__ M__ SELF__
 Prescription Drugs F__ M__ SELF__
 Sleep Medication F__ M__ SELF__
 Sports F__ M__ SELF__
 Street Drugs F__ M__ SELF__
 Television F__ M__ SELF__
 Video Games F__ M__ SELF__
 Social Media F__ M__ SELF__

BITTERNESS

Blaming F__ M__ SELF__
 Complaining F__ M__ SELF__
 Critical/Judging F__ M__ SELF__
 Gossip F__ M__ SELF__
 Offended F__ M__ SELF__
 Ridicule F__ M__ SELF__
 Unforgiveness F__ M__ SELF__

DEPRESSION

Daydreaming F__ M__ SELF__
 Discouragement F__ M__ SELF__
 Despair/Hopelessness F__ M__ SELF__
 Laziness/Oversleeping F__ M__ SELF__
 Passivity F__ M__ SELF__
 Self-Pity F__ M__ SELF__
 Withdrawal/Isolation F__ M__ SELF__

OCCULT

Accident Prone	F__ M__ SELF__	Made a blood pact or vow	F__ M__ SELF__
Astral Projection	F__ M__ SELF__	Martial Arts, Tai Chi or Yoga	F__ M__ SELF__
Astrology/Horoscopes	F__ M__ SELF__	Witnessed a sacrifice	F__ M__ SELF__
Demon Worship	F__ M__ SELF__	Seen demons	F__ M__ SELF__
Divination	F__ M__ SELF__	Seen horror movies	F__ M__ SELF__
Eastern Meditation	F__ M__ SELF__	Used Mantras	F__ M__ SELF__
Fortune Telling/Séances	F__ M__ SELF__	Visited Indian burial grounds	F__ M__ SELF__
Freemasonry	F__ M__ SELF__	Acupuncture	F__ M__ SELF__
Hypnosis	F__ M__ SELF__	Body Piercing	F__ M__ SELF__
Mental Telepathy	F__ M__ SELF__	Buddhism or Hinduism	F__ M__ SELF__
Occult Dedications	F__ M__ SELF__	Elks or Moose Lodge	F__ M__ SELF__
Ouija Board	F__ M__ SELF__	Indian Occult Rituals	F__ M__ SELF__
Palm Reading/Tarot Cards	F__ M__ SELF__	Islam	F__ M__ SELF__
Reading Tea Leaves	F__ M__ SELF__	Jehovah's Witnesses	F__ M__ SELF__
Satanic Worship	F__ M__ SELF__	Kabbalah	F__ M__ SELF__
Voodoo/Santeria	F__ M__ SELF__	Knights of Columbus	F__ M__ SELF__
Witchcraft	F__ M__ SELF__	Mardi Gras	F__ M__ SELF__
"Bloody Mary" ritual	F__ M__ SELF__	Mormonism	F__ M__ SELF__
Cast a spell or hex	F__ M__ SELF__	New Age Movement	F__ M__ SELF__
Drank blood or urine	F__ M__ SELF__	Rastafarians	F__ M__ SELF__
Heard violent rap music	F__ M__ SELF__	Tattoos	F__ M__ SELF__
Heard satanic rock music	F__ M__ SELF__		
Occult jewelry or books	F__ M__ SELF__		
Heard voices	F__ M__ SELF__		
Heard "Kill yourself"	F__ M__ SELF__		
Joined a coven	F__ M__ SELF__		
Played Dungeons & Dragons	F__ M__ SELF__		

CONTROL

Anorexia or Bulimia F__ M__ SELF__
Cutting F__ M__ SELF__
Denial F__ M__ SELF__
Domineering F__ M__ SELF__
Enabling F__ M__ SELF__
False Responsibility F__ M__ SELF__
Female/Male Control F__ M__ SELF__
Manipulation F__ M__ SELF__
Passive Aggression F__ M__ SELF__
Passivity F__ M__ SELF__
Possessiveness F__ M__ SELF__
Pride "I Know Best" F__ M__ SELF__
Selfishness F__ M__ SELF__
Through Intimidation F__ M__ SELF__
Through Silent Treatments F__ M__ SELF__
Through Treats F__ M__ SELF__

Fear of being alone F__ M__ SELF__
Fear of being a victim F__ M__ SELF__
Fear of conflict F__ M__ SELF__
Fear of death F__ M__ SELF__
Fear of demons F__ M__ SELF__
Fear of failure F__ M__ SELF__
Fear of the future F__ M__ SELF__
Fear of infirmities F__ M__ SELF__
Fear of intimacy F__ M__ SELF__
Fear of losing control F__ M__ SELF__
Fear of man (People) F__ M__ SELF__
Fear of rejection F__ M__ SELF__
Fear of sexual inadequacy F__ M__ SELF__
Fear of success F__ M__ SELF__
Fear of violence F__ M__ SELF__

ANXIETY

FEAR

Anxiety F__ M__ SELF__
Heaviness F__ M__ SELF__
Intimidation F__ M__ SELF__
Over-Sensitivity F__ M__ SELF__
Paranoia F__ M__ SELF__
Phobia F__ M__ SELF__
Superstition F__ M__ SELF__
Torment F__ M__ SELF__
Fear of Authorities F__ M__ SELF__
Fear of being abused F__ M__ SELF__

Fatigue/Weariness F__ M__ SELF__
Impatience F__ M__ SELF__
Nervousness F__ M__ SELF__
Panic Attacks F__ M__ SELF__
Restlessness F__ M__ SELF__
Stress/Worry F__ M__ SELF__

INFIRMITIES/DISEASE

Allergies/Sinus problems F__ M__ SELF__
Asthma F__ M__ SELF__
Barrenness/Miscarriage F__ M__ SELF__
Bone Problems F__ M__ SELF__
Cancer F__ M__ SELF__
Circulatory Problems F__ M__ SELF__
Dementia F__ M__ SELF__
Diabetes F__ M__ SELF__
Female Problems F__ M__ SELF__
Heart or lung Problems F__ M__ SELF__
Joint Problems F__ M__ SELF__
Migraines F__ M__ SELF__
Teeth/Gum Problems F__ M__ SELF__

SEXUAL ISSUES

Adultery F__ M__ SELF__
Bestiality F__ M__ SELF__
Bisexuality F__ M__ SELF__
Demonic Sex/Fantasy Lust F__ M__ SELF__
Frigidity F__ M__ SELF__
Homosexuality F__ M__ SELF__
Incest F__ M__ SELF__
Masturbation F__ M__ SELF__
Pornography F__ M__ SELF__
Promiscuity/Perversion F__ M__ SELF__
Prostitution F__ M__ SELF__

IDENTITY ISSUES

Effeminate Males F__ M__ SELF__
Gender Confusion F__ M__ SELF__
Homosexuality F__ M__ SELF__
Loss of self F__ M__ SELF__
Self-Deception F__ M__ SELF__
Self-Hate F__ M__ SELF__
Transsexual F__ M__ SELF__
Transvestite F__ M__ SELF__

MENTAL PROBLEMS

ADD/ADHD F__ M__ SELF__
Bipolar Disorder F__ M__ SELF__
Confusion F__ M__ SELF__
Hallucinations F__ M__ SELF__
Mind Blocking F__ M__ SELF__
Mind Racing F__ M__ SELF__
Obsessive-Compulsive F__ M__ SELF__
Paranoia F__ M__ SELF__
Schizophrenia F__ M__ SELF__

PRIDE

Arrogance/Superiority F__ M__ SELF__
Conceit F__ M__ SELF__
Prejudice F__ M__ SELF__
Self-Centeredness F__ M__ SELF__
Self-Righteousness F__ M__ SELF__
Suppression of Others F__ M__ SELF__
Vanity F__ M__ SELF__

TRAUMA

Abuse, Emotional F__ M__ SELF__
Abuse, Mental F__ M__ SELF__
Abuse, Physical F__ M__ SELF__
Abuse, Sexual F__ M__ SELF__
Abuse, Spiritual F__ M__ SELF__
Abuse, Verbal F__ M__ SELF__
Accidents F__ M__ SELF__
Divorce F__ M__ SELF__
Incarceration F__ M__ SELF__
Post-Traumatic Stress
Disorder F__ M__ SELF__
Torture F__ M__ SELF__
Violence F__ M__ SELF__
War F__ M__ SELF__

EXAMPLES OF UNGODLY BELIEFS

These are a few examples of ungodly beliefs that can be in the depths of your thoughts. Check the ones that apply. If any thoughts not listed rise up, please add them. Ask the Holy Spirit to help you identify them. They may be passed from generation to generation, transferred through other people as a result of soul ties or from past experiences. (Check those that are applicable.)

1. I don't belong. I will always be on the outside (left out). _____
2. My feelings don't count. No one cares what I feel. _____
3. No one will love me or care about me just for myself. _____
4. I will always be lonely. The special person in my life will not be there for me. _____
5. The best way to avoid hurt, rejection, etc. is to isolate myself. _____
6. I am not worthy to receive anything from God. _____
7. I am the problem. When something is wrong, it is my fault. _____
8. I'm a bad person. If you knew me, you would reject me. _____
9. God doesn't care if I have a secret life as long as I appear good. _____
10. I have to plan every day of my life. I can't relax. _____
11. I am unattractive. God short-changed me. _____
12. It's impossible for me to lose weight. I'm just stuck. _____
13. I will always be crazy, shy, insecure, fearful, etc. _____
14. I will never be known or appreciated for my real self. _____
15. I can't change and be as God really wants me to be. _____
16. I am a loser and will never succeed. I don't deserve to; I am a bad person. _____
17. I will always be this way. I can never change. _____
18. I must guard what I say since anything I say may be used against me. _____
19. I have to hide my feelings. I will not be vulnerable, humiliated or shamed again _____
20. If you hurt me, I will punish you by cutting you off. _____

- 21. Authority figures will just use me or abuse me. _____
- 22. I am out there all alone. If I need help there is no one there for me. _____
- 23. I will never let anyone get close to me again. They will only hurt me. _____
- 24. God loves other people more than me. _____
- 25. I can never do enough to please God. _____
- 26. No one really cares for me. It doesn't matter whether I do right or wrong. _____
- 27. I hate myself. I'm not worth saving. I'm just a mess-up. _____
- 28. No matter what I do, I can never get it right. _____
- 29. People like others more. No matter what I do, I'll never be accepted or approved _____
- 30. I don't deserve to be blessed. I've done so many wrong things. _____

List any ungodly beliefs you have that are not already listed above.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

WORD CURSES, JUDGMENTS

Ask the Holy Spirit to bring back to your remembrance any Word Curses spoken by others to you, from you to yourself, or from you to others, particularly ones that relate to your problem(s). Write them:

Curses Spoken by Others toward Me

1. Examples: "You are a failure and will never amount to anything". "You're a bad person"

2. _____

3. _____

4. _____

5. _____

Curses I have Spoken (or Thought) about Myself or Others

1. Examples: "I'm dumb and stupid" "I'll never be successful." "Men can't be trusted."

2. _____

3. _____

4. _____

5. _____

OTHER RELATIONSHIPS

Briefly describe your current relationship with:

1. Parents (if living) _____

2. Adult Children _____

3. Siblings _____

4. Co-workers/Employer _____

ADDED INFORMATION

Please Complete the Following:

1. The most important thing to me is: _____
2. I worry about _____
3. What I do best is _____
4. I have sometimes felt guilty about _____
5. I have been criticized for _____
6. What makes me angry is _____
7. My biggest mistakes were _____
8. My job _____
9. What makes me nervous is _____
10. My personality would be better if _____
11. I often felt that mother _____
12. Jesus Christ _____
13. My temper _____
14. My childhood _____
15. Prayer is _____
16. My biggest disappointment _____
17. To me, sex is _____
18. I would be better liked if _____

19. I often felt that my father _____

20. God to me is _____

21. My child/children _____

22. Women are _____

23. What hurts me most is _____

24. My brother(s) and sister(s) _____

25. My biggest problem in life is _____

26. Men are _____

SUPPLEMENTAL INFORMATION

1. Have you been hypnotized or involved in New Age practices or own new age jewelry? _____
2. Have you had an imaginary friend or a spirit offer you guidance or companionship? _____
3. Have you heard voices in your mind or nagging thoughts condemning you that were foreign to what you believe or feel? _____
4. What other spiritual experiences have you had that you would consider out of the ordinary?

5. Have you had anorexia or bulimia or any other eating disorder like overeating? _____
6. Have you had (or still have) irregular sleeping patterns and nightmares? _____
7. Have you ever witnessed or been involved in an extremely traumatic event? _____
8. Are there people from your past or in your life now that you need to forgive?

Please provide any additional information that you believe would be helpful in the ministry process.

Please call 239.244.3912 for pricing. After thoroughly completing the application, please mail or bring it to the address below, along with your deposit amount.

**Breaking Free Wellness Center
1520 Royal Palm Square Blvd, Suite 320
Fort Myers, FL 33919**

If you have further questions, please call us at: **239-244-3912**. After we get the application we will call you to set up an appointment. Thanks for the opportunity to serve you through this life changing restoration and wholeness ministry.



Breaking Free Wellness Center
1520 Royal Palm Square Blvd, Suite 320
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(239) 244-3912 | BreakingFreeCC.com