

TRUE COLORS MINISTRY INTERNATIONAL
COUNSELING APPLICATION
kmcdrawn2him@yahoo.com

Name: _____ Age: _____

Address: _____

Telephone: _____ Email: _____

Marital Status: Single ____ Married ____ Divorced ____ Remarried ____ Widowed ____

If Married, is it your first marriage? Yes ____ No ____

If no, how many times? _____

Name of Spouse

Length of Marriage

Issue Causing Divorce

Current Profession: _____

Please answer the following briefly:

1. What is your church background?
2. Explain briefly your conversion experience. If you came to Christ as a teenager or older, was your life really changed?
3. Were you baptized as a child? Yes ____ No ____ Or a Convert? Yes ____ No ____
4. In one word, who is Jesus Christ to you? _____
5. What does the blood of Calvary mean to you? _____
6. Do you have assurance of salvation? Yes ____ No ____
7. Do you struggle with doubt and unbelief in everyday Christian living? Yes ____ No ____
8. Are you satisfied with your Christian walk? Yes ____ No ____

- a. Any special problems with your father? _____

- b. With your mother? _____

- c. With your brother(s) or sister(s)? _____

- 7. a. Were you a planned child? Yes ___ No ___ Don't know ___
- b. The "right" sex? Yes ___ No ___ Don't know ___
- c. Were you conceived out of wedlock? Yes ___ No ___ Don't know ___
- d. Were you adopted? Yes ___ No ___ Don't know ___

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

- e. Do you know if your mother suffered any trauma during her pregnancy with you?
Yes ___ No ___
- f. Did you have a difficult or complicated birth? Yes ___ No ___
- g. Were you "bonded at birth?" Yes ___ No ___ Don't know ___
Were you a "breast fed" baby? Yes ___ No ___ Don't know ___
- h. Do you have brothers and sisters?

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where do you fell in the sibling line? _____

How was your relationship with them, growing up? _____

What is it like now? _____

Any special problems? _____

13. Was your mother (check):
Passive ____ Strong and Manipulative ____ Neither ____

Were you friends? Yes ____ No ____ Sort of ____

Describe briefly your relationship with your mother: _____

14. Was yours a happy home during childhood?

Describe briefly: _____

15. How would you describe your family's financial situation when you were a child? Check One.

- Poor ____
- Slight financial struggles ____
- Moderate income ____
- Affluent ____

16. Has lying or stealing been a problem to you? Yes ____ No ____

17. Is it now? Yes ____ No ____

18. Were you lonely as a teenager? Yes ____ Sometimes ____ Never ____

Explain: _____

19. As a child, teenager, or later in life, did you ever suffer an injustice? What, and by whom?

20. Do you have trouble giving or receiving love? Yes ____ At times ____ No ____

21. Do you find it easy to communicate with persons close to you?

I have real difficulty - Yes ____ No ____ I am unwilling - Yes ____ No ____

I have some problems, at times - Yes ____ No ____ It's easy - Yes ____ No ____

22. Are you a perfectionist? Yes ___ No ___

Were (are) your parents perfectionists? Yes ___ No ___

Father: Yes ___ No ___

Mother: Yes ___ No ___

23. Do you come from a proud family? Yes ___ No ___

24. Do you personally have a problem with pride? Yes ___ No ___

25. Do you have, or have you had problems with (Check all applicable):

Impatience ___ Irritability ___ Temper ___

Moodiness ___ Rebellion ___ Violence ___

Stubbornness ___ Anger ___ Temptation To Murder ___

26. Have you been given to: Swearing? Yes ___ No ___ Blasphemies? Yes ___ No ___

Obscenities? Yes ___ No ___

Do you now: Swear? Yes ___ No ___ Blaspheme? Yes ___ No ___

Use Obscenities? Yes ___ No ___

27. Do you have toward anyone:

Unforgiveness?

Whom and why: _____

Resentment?

Whom and why: _____

Bitterness?

Whom and why: _____

Hatred?

Whom and why: _____

CATEGORY B

1. Are you easily frustrated? Yes ___ No ___

Do you show it or bury it? Show ___ Bury ___

2. Are you: An Anxious Person ___ Worrier ___ Prone to Depression ___

3. Did either of your parents suffer from depression?

No ___ Father ___ Mother ___

4. Has any parent, brother, sister, or grandparent suffered from acute nervousness or a mental problem?
Yes ___ No ___

Who? _____ Problem? _____

5. Have you personally ever had psychiatric counseling? Yes ___ No ___
 Psychiatric hospitalization? Yes ___ No ___
 Shock treatment? Yes ___ No ___
 Psychoanalysis Yes ___ No ___
 Other? _____

6. Have you ever been hypnotized? Yes ___ No ___
 If so, when and why?

7. Have you had advanced education? Yes ___ No ___
 If so, what?

8. Have you, your parents, or grandparents been in any cults: (**Bold** where applicable)

Christian Science	Armstrong Worldwide Church of God
Rosicrucians	Jehovah's Witness
Mormonism	Anthroposophy
Spiritist churches	Gurus
Scientology	Unity
Theosophy	Unification Church (Moonies)
Children of Love	Christadelphians
Bahai	Religious Communes
Native religions	Other: _____
Eastern religions such as:	
Hinduism	
Buddhism	
Shintoism	

9. To your knowledge, has any close family member been a: (**Bold** where applicable)

Shriner	Rainbow Girl	Freemason
Eastern Star Elk	Demolay	Mormon
Job's Daughter	Amaranth	Daughter of the Nile
Oddfellow	Demolay	Buffalo

If so, whom? _____

10. Do you suffer from: (**Bold** where applicable)

Apathy	Hardness of Emotion	Confusion
Skepticism	Doubt	Unbelief
Infirmities	Frequent Sickness	Allergies
Financial Disaster	Comprehension Difficulties	

Is there any Masonic regalia or memorabilia to your possession? Yes ___ No ___

If so, what? _____

11. Do you feel mentally confused? Yes ___ No ___

Have mental blocks? Yes ___ No ___

12. Do you day-dream? Yes ___ No ___

Have mental fantasies? Yes ___ No ___

13. Do you suffer from frequent bad dreams? Yes ___ No ___

Sleeplessness? Yes ___ No ___

14. Have you ever been tempted to commit suicide? Yes ___ No ___

If yes, when and why? _____

Have you tried? Yes ___ No ___

15. Have you ever wished to die? Yes ___ No ___ Spoken it aloud? Yes ___ No ___

16. Have you been really bothered by any of the following fears: (**BOLD** all that apply)

Failure	Inability To Cope	Inadequacy
Authority Figures	The Dark	Death
Rape	Violence	Being Alone
Satan And Evil Spirits	The Future	Women
Crowds	Heights	Men
Insanity	Public Speaking	Accidents
Opinions Of People	Old Age	Death/Injury of a Loved One
Enclosed Places	Terminal Illness	Divorce Or Marriage Breakup
Insects	Spiders	Dogs
Snakes	Animals	Water
Pain	Loud Noises	Flying In An Airplane
Open Spaces	Grocery Stores	

Since becoming a Christian, do any of the above fears still persist? Yes ___ No ___

If so, which ones? _____

CATEGORY C

1. Have you ever made a pact with the devil? Yes ___ No ___

Was it a blood pact?

Have you ever made a blood pact with anyone? Yes ___ No ___
Blood brother, blood sister, etc.

What was it? _____

When? _____

Why? _____

Are you willing to renounce it? Yes ___ No ___

2. To your knowledge, has any curse been placed on you or your family? Yes ___ No ___

By whom? _____

Why? _____

Explain: _____

3. To your knowledge, have your parents or any relative as far back as you know been involved in occultism or witchcraft? Yes ___ No ___

Who, and what was done? _____

To what extent? _____

4. Have you or any of your relatives ever had involvement with any of the following?

Fortune Tellers

Tarot Cards

Ouija Boards

Séances

Mediums

Palmistry

Astrology

Color Therapy

Levitation

Astral Travel

Horoscope

Lucky Charms

Black Magic

Demon Worship

Asked For A Spirit Guide

Clairvoyance

Crystals

Done Automatic Handwriting

New Age Movement

Santeria

Satanism

Wicca

Been to a curandero or native healer?

Been involved in any other witchcraft, demonic or Satanic activity?

If so, what? _____

5. Have you ever read books on occultism or witchcraft? Yes ___ No ___
 Why? _____
6. Have you played demonic games such as Dungeons & Dragons? Yes ___ No ___
 Watched demonic films? Yes ___ No ___ Do you now? Yes ___ No ___
7. Have you been involved in transcendental meditation? Yes ___ No ___
 Do you have a mantra? Yes ___ No ___
 If so, what is it? _____
8. Have you been involved in Eastern religions? Yes ___ No ___
 Followed a guru? Yes ___ No ___
9. Have you ever visited heathen temples? Yes ___ No ___ When? _____
 Made offerings? Yes ___ No ___
 What were they? _____
 Did you take part in any ceremony? Yes ___ No ___
 Explain: _____
10. Have you ever done any form of yoga? Yes ___ No ___ Meditation? Yes ___ No ___
11. Have you ever learned or used any form of mind communication or mind control?
 Yes ___ No ___
 Explain: _____

12. Were your parents or grandparents superstitious? Yes ___ No ___
 Were or are you? Yes ___ No ___
13. Have you ever worn lucky charms, fetishes, amulets or signs of the zodiac? Yes ___ No ___
 Do you have any in your possession? Yes ___ No ___
14. Do you have any symbols of idols or spirit worship, such as: **(Bold all applicable)**
 Buddhas Totem Poles Masks Carvings Pagan Symbols
 Native art Fetish objects made of feathers African or Island Art
 Other? _____
 Where are they from, and how did you get them? _____

15. Do you have any figures of witches, such as "good luck kitchen witches" in your home?

Yes ___ No ___

16. Do you regularly listen to any of the following music:

Rock & Roll Yes ___ No ___ Punk Rock Yes ___ No ___

New Age Yes ___ No ___ Rap Yes ___ No ___

Heavy Metal Yes ___ No ___

How much time do you spend listening to it? _____

17. Have you ever learned any of the martial arts? Yes ___ No ___

Do you practice it now? Yes ___ No ___

18. Have you ever had a premonition? Yes ___ No ___

Psychic sight? Yes ___ No ___ Déjà vu? Yes ___ No ___

19. Have you or your relatives ever been involved in:

Firewalking Yes ___ No ___

Voodoo Yes ___ No ___

Any other form of religious pagan ceremony? Yes ___ No ___

If so, what and when? _____

20. Do you have any tattoos? Yes ___ No ___

If so, of what? _____

CATEGORY D

1. Do you have lustful thoughts? Yes ___ No ___

Of what? _____

Frequency? _____

2. To your knowledge, was there evidence of lust in your parents, grandparents or further back?

Yes ___ No ___

Explain: _____

3. Do you struggle with compulsive masturbation or intrusive sexual thoughts?

Yes ___ No ___

4. Were you ever sexually molested by someone outside your family as a child or teenager?

Yes ___ No ___

By whom? _____

More than once? Yes ___ No ___

Explain: _____

5. Were you ever raped or sodomized? Yes ___ No ___

By whom? _____

More than once? Yes ___ No ___

Explain: _____

6. Have you ever been a victim of incest by a family member? Yes ___ No ___

By Whom? _____

How Often? _____ Over an Extended Period of Time? Yes ___ No ___

From What Age to What Age _____ Dates? _____

7. Have you ever molested or raped anyone? Yes ___ No ___ At what age _____

Names: _____

8. Committed incest? Yes ___ No ___ At what age? _____
Over what period of time? _____ With whom? _____

9. Did you have premarital sex? Yes ___ No ___ How many partners? _____
Do you know their first names? Please list.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

With prostitutes? Yes ___ No ___ How many? _____ When? _____

Other sex outside of marriage? With whom and when?

10. Have you ever committed adultery? (at least one partner married) Yes ___ No ___
First name(s) and when: _____

Are you currently involved in an illicit sexual relationship? Yes ___ No ___
Name (s): _____

Are you willing to break it off? Yes ___ No ___

11. Have you ever had homosexual or lesbian desire? Yes ___ No ___

Do you now? Yes ___ No ___

Homosexual or lesbian experience? Yes ___ No ___

Whom? _____

When? _____

12. (Married women only) Are you sexually frigid (do not have orgasms)? Yes ___ No ___

13. Have you ever sexually fantasized about an animal? Yes ___ No ___

Committed a sex act (bestiality) with an animal? Yes ___ No ___

Name of animals involved: _____

14. Has pornography ever attracted you? Yes ___ No ___

How did you become involved? _____

To what extent? _____

Is it still a problem? Yes ___ No ___

Have you seen porn movies? Yes ___ No ___

Videos? Yes ___ No ___

Live sex shows? Yes ___ No ___

Do you currently purchase or rent porn, or have such a channel on your home TV?

Yes ___ No ___

On the internet? Yes ___ No ___

15. Women: Have you ever had an abortion? Yes ___ No ___

How many? _____

Give dates and father(s)' names: _____

Men: Have you ever fathered a child that was forcefully aborted? Yes ___ No ___

How many? _____ When? _____

Mother(s)' names: _____

16. Have you been plagued with desires of having sex with a child (pedophilia)? Yes ___ No ___

Have you actually done so? Yes ___ No ___

17. Have you ever felt sexually stimulated at night as if there was a person there, but you were alone? Yes ___ No ___

18. Have you ever gone to a massage parlor and been sexually stimulated? Yes ___ No ___

19. How would you describe your sexual relationship with your spouse? _____

CATEGORY E

1. Did any of your family, as far back as you know, have addictions of any kind?

Yes ___ No ___

To what? _____

2. Have you ever been addicted to any of the following?

Alcohol Yes ___ No ___

Smoking Yes ___ No ___

Food Yes ___ No ___

Gambling Yes ___ No ___

Compulsive exercise Yes ___ No ___

Being a spendthrift Yes ___ No ___

Watching T.V. Yes ___ No ___

Coffee Yes ___ No ___

Drugs Yes ___ No ___

Which ones? _____
(prescribed or illegal)

Are any of the above a current problem? Yes ___ No ___

CATEGORY F

1. Do you or any of your relatives exhibit any of the following qualities?

(Check all that apply):

- Ungodly stewardship and self-exaltation
- Hoarding – things, food, ministry (not enough to go around)
- Pride
- Disempowerment
- Resistance to forward movement: “God’s will is that I move slowly.”
- Looking away from God – self sufficiency, independent spirit
- False vision in leadership: “I am the sole interpreter of what God wants.”
- Corrupt intentions in sabotaging oneself and others
- Rigidity; not working with others and denying others access to Their gifts: “The answer is always NO.”
- Stagnation; holding on to the things of the past; traditionalism

2. Are any of the following cultural beliefs, patterns, or traits characteristic in your life?

(check all that apply):

- I am not special
- I do not have the same standing as others
- Others are smarter than me
- Others are better than me
- Others know more than I do
- Others are more important than I am
- I am not good at anything
- I cannot or will not speak or laugh in public
- No one cares about me
- I cannot be taught anything

CATEGORY G

1. Do you suffer from any chronic illness or allergies? Yes ___ No ___

Which? _____

Is it hereditary? Yes ___ No ___

2. Have you had any severe accidents or traumas that stand out in your mind? (not already mentioned above)

Explain: _____

3. Describe yourself in as many one- or two-word phrases as you can:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any other problems you feel this questionnaire hasn't uncovered? (Explain as fully as you can. Try to think when they began and if it was connected with a trauma of some sort, or if you were victimized or if you invited the problem in.)