

Gilgal House Healing Centre Trust

Confidential Client Information Form for a Healing Encounter

Surname

First name(s)

Address

Postcode

Contact Telephone Numbers: Home

Work

Mobile

Male / Female

Age

Date of Birth

Occupation

Marital Status

Number of Children

I would describe myself as:

Bangladeshi

Black African

Black Caribbean

Chinese

Indian

Pakistani

White

Other

1. Please state the main problem you wish to address:

2. Have you consulted anyone else about this problem?

Yes / No

3. If the answer is yes, please indicate who.

4. Are you still seeing them?

5. Are you currently receiving medical treatment? Yes / No
If yes, please indicate what treatment and/or medication you are receiving

6. Are you currently a member of a church or a religious group? Yes / No
If yes, please give name of church or group:-

7. How did you hear about Gilgal House?

8. Every effort will be made to offer you a healing encounter at a time convenient to you. There is generally a waiting list; if you can be flexible on dates it will minimise the waiting time. Please indicate the days you can be available eg weekdays or weekends:

Please sign, date and return this form to The Ministry Manager, 67, Anson Road, Wolverton, Milton Keynes, MK12 5BW

Once received, a date will be offered on the next available healing encounter.

Signature

Date