

Gilgal House Healing Centre Trust

Confidential Client Information Form for Personal Ministry Appointments

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 prayer ministry at a time convenient to you but if you can be flexible, the waiting time is likely to be reduced.

Please state what time you could attend an initial interview:

Please indicate the days and times you are available for prayer ministry:

Please sign, date and return this form with a payment of £5 to cover administration costs to The Ministry Manager, 67, Anson Road, Wolverton, Milton Keynes, MK12 5BW. Cheques can be made payable to Gilgal House Healing Centre Trust.

Once received, an appointment can be arranged at a mutually convenient time.

Signature

Date