

Foothills Healing Center

Date: _____

Name: _____ Phone: _____

Is this your first visit? Y / N

What is the problem?

Have you received prayer over this issue before now? Y/ N If yes, describe what effects. (Improved or not and how much) _____

If you are in pain, try to rate your pain on this scale:

(no pain) 1 2 3 4 5 6 7 8 9 10 (unbearable)

Name of your church (if any). _____

Anything else we should know? _____

Please read this:

The Healing Center is a spiritual ministry of Foothills Christian Church. We make no claims of medical expertise or practice. We simply believe the teachings of Jesus and His disciples, that faith in Christ can have great effect. We pray for the sick and operate as the Holy Spirit leads. We insist that you consult with your doctor before discontinuing or modifying medication or other forms of medical care.

You're done!

Report: (To be filled out by the team leader)

Team members: _____

How long did you minister? _____

Briefly describe what happened (message, verses, visions, ect., from the Holy Spirit):

Notes:

