



Jim Little  
Ministries

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**Pre Ministry List**

Name and Age \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

1. What symptoms are you currently experiencing or what is going on in your life?
2. Are you a Christian? Have you accepted Jesus as your Lord and Savior?
3. Tell me generally about your family. Married/Single/Significant Other/Kids.
4. Write down any trauma's you have had either emotional or physical. Especially as a child or teenager.
5. Have you been raped or molested if so by whom?

6. Do you have any family involved with Freemasonry or secret societies?

7. What is the worst thing that ever happened to you?

8. Were you rejected as a child?

9. Any abortions or have you been in agreement with an abortion before?

10. Any intentional Sin in your life or previously?

11. Drugs? Addictions? Pornography?

12. Do you see any physical or mental things that “run in the family”?

13. Have you ever taken part of any occult activities or other religions?

14. Have you ever gone to a psychic?
15. Do you have or have you had any controlling people in your life?
16. Have you been involved with anyone who was into Witchcraft? If so who.
17. How do you sleep at night? Any reoccurring dreams or sexual encounters?
18. Has anyone included yourself spoken word curses over you? If so who and what.
19. Do you have any idols in your home or occult items?
20. Have you been diagnosed by a psychiatrist or Physician? If so with what?

21. What medications are you on?
  
22. Do you have any deep soul ties or soul bonds with anyone from your past or present? Especially if they are controlling, narcissistic, or into Occult activities including Christian Witchcraft. Who names?
  
23. Did you watch or read any fantasy books or shows like Harry Potter etc....D and D.
  
24. Do you see Demons in your home?
  
25. Do you have any tattoos? What are they?
  
26. Do you suffer from fear, anxiety, depression, worry, or thoughts of suicide?

27. Do you miss time or have periods that you don't remember what you were doing, especially in childhood into adulthood.
28. Do you suffer from any mysterious illness or disease etc?
29. Do you have any bitterness or unforgiveness toward anyone?
30. What nationality are you? Where are your ancestors from?
31. Did your parents or family favor other siblings as children?
32. Do you hold unforgiveness, shame, or guilt toward yourself?

**\*Provide any more information for any "open doors" to evil spirits not listed. Remember any hidden secrets, hidden sin, and hidden trauma can give the enemy a place to hide in the soulful realm.**

**List anything the Holy Spirit Brings to your mind in this section.**

