2020

THE NEWFOUNDLAND FOUNDATION INC.

Pre-Deliverance Ministration Questionnaire

CHRISTIAN LIFE MINISTRY
DR. MFON CYRUS-DAVID

THE NEWFOUNDLAND FOUNDATION INC.
Pre-Deliverance Ministration Questionnaire

INTRODUCTION

The purpose of this questionnaire is to collect, collate and review the information that is pertinent to our ability to serve you effectively before, during and after your deliverance ministration. The information that you provide will be held in strict confidence, and will be used solely for the intended purpose.

CONSENT STATEMENT

By completing this survey, I understand that I have consented to the collection, collation, review and use of the information that I provide solely for the purpose of ministering to my needs.

PART I: CONTACT INFORMATION

Please, kindly provide your contact below, as this will help us maintain contact with you and provide you with further assistance in future. The information that you provide will be held in confidence.

Last Name:	First Name:	Middle Name:
Street Address:		

City:	County or Local Government Area:	State:	Zip code:	Country:

Home Phone:	Mobile Phone:	Work Phone:
Email address (i.e. if applicable):		
Mailing Address (i.e. if different from above):		

PART II: CHRISTIAN FELLOWSHIP INFORMATION

Kindly provide the information about your Christian affiliations answering the following questions.

1.	Have you received Jesus Christ as your Lord and personal Savior?	___Yes, ___No (SKIP to item #3)
2.	If yes, when did you receive Christ into your life?	___/___/____ (mm/dd/yyyy)
3.	Do you attend any Church at this time?	___Yes, ___No (SKIP to item #5)

4.	Name of your Church				
	Street address of your Church				
	City:	County/LGA:	State:	Zip code:	Country:
	Office Phone:		Email address:		

PART II: CHRISTIAN FELLOWSHIP INFORMATION CONTINUED				
5.	What is the name and address of your pastor or a minister that we may contact to help with your follow up?			
	Pastor's/Minister's Name			
	Street Name			
	City:	County/LGA:	State:	Country
	Office phone:	Mobile phone (if available):	Email address:	

PART III: DIAGNOSTIC QUESTIONS ABOUT POSSIBLE SPIRITUAL ENTANGLEMENTS			
The information that you provide in this section will help us to determine where you might need special attention during prayers. Circle yes or no to the respective items below.			
1.	Have you or anybody else on your behalf ever participated in any of the activities listed below?		
a.	Initiation ceremonies into occult groups (e.g. masonry, amorc, etc).	Yes	No
b.	Membership of fraternities or sororities (e.g. in college).	Yes	No
c.	Membership of a witchcraft fraternity.	Yes	No
d.	Satanic rituals.	Yes	No
e.	Sexual orgies (e.g. group sex, wife swapping, etc.).	Yes	No
f.	Gang-related violence.	Yes	No
g.	A ritual sacrifice (e.g. of animals, etc.)	Yes	No
h.	Pouring of libations to one's ancestors	Yes	No
i.	Played games like Ouija boards, dungeon and dragons, etc.	Yes	No
j.	Consulted persons such as parapsychologists, spiritual mediums, witch doctors, curanderos, psychics, spiritual gurus, occult masters, etc.	Yes	No
2.	Have you ever been cursed (e.g. statements like "you shall not amount to anything in this life!") by someone who had authority over you, such as a parent, grandparent, school teacher, pastor, caregiver, etc.?	Yes	No
3.	Have you been a victim of a violent crime such as rape or any other forms of sexual assault?	Yes	No
4.	Were you sexually abused as a child?	Yes	No

PART IV: DIAGNOSTIC QUESTIONS ABOUT POSSIBLE SPIRITUAL ENTANGLEMENTS CONTINUED			
The information that you provide in this section will help us to determine where you might need special attention during prayers. Circle yes or no to the respective items below.			
5.	Are you addicted to sex or pornography (e.g. visiting strip clubs)?	Yes	No
6.	Have you ever provided sexual services for financial rewards?	Yes	No
7.	Do you have sex with people of the same gender?	Yes	No
8.	Are you currently addicted to cocaine, heroin, alcohol or other drugs?	Yes	No
9.	Do you have EXCESSIVE temper tantrums (e.g. people get hurt or properties damaged when you are angry)?	Yes	No
10.	Do you have REPEATED desires to commit suicide?	Yes	No
11.	Do you have REPEATED desires to kill someone?	Yes	No
12.	Do you harbor intense hatred for people because of their racial/ethnic backgrounds, religious beliefs of sexual orientation?	Yes	No
13.	Do you REPEATEDLY have sexual intercourse in your dreams?	Yes	No
14.	Do you have nightmares of being attacked or suffocated while asleep with effects that sometimes persist after you are awake?	Yes	No
15.	Are there events that are common in your family such as early deaths, violent deaths, repeated divorces, or intensive and prolonged family strife?	Yes	No
16.	Do you have a family history of infertility, unexplained or repeated miscarriages or spontaneous abortions?	Yes	No

PART V: ABOUT YOUR MEDICAL HISTORY

Please indicate by marking the appropriate response if you have been diagnosed with any of the following medical conditions, and give the date of diagnosis. If you received treatment for a condition in the LAST 6 MONTHS, please answer "YES" or "NO."

	Disease	Diagnosis?	Diagnosis date (mm/dd/yyyy)	Receiving treatment?	Undergoing Surveillance?
1.	High blood pressure	__Yes __No	___/____/_____	__Yes __No	__Yes __No
2.	Stroke	__Yes __No	___/____/_____	__Yes __No	__Yes __No
3.	Heart attack	__Yes __No	___/____/_____	__Yes __No	__Yes __No
4.	Congestive heart failure	__Yes __No	___/____/_____	__Yes __No	__Yes __No
5.	Diabetes mellitus	__Yes __No	___/____/_____	__Yes __No	__Yes __No
6.	Gallstones	__Yes __No	___/____/_____	__Yes __No	__Yes __No
7.	Peptic ulcer	__Yes __No	___/____/_____	__Yes __No	__Yes __No
8.	Pancreatitis	__Yes __No	___/____/_____	__Yes __No	__Yes __No
9.	Liver failure	__Yes __No	___/____/_____	__Yes __No	__Yes __No
10.	Recurrent kidney infections	__Yes __No	___/____/_____	__Yes __No	__Yes __No
11.	Kidney failure	__Yes __No	___/____/_____	__Yes __No	__Yes __No
12.	Gout	__Yes __No	___/____/_____	__Yes __No	__Yes __No
13.	Rheumatoid arthritis	__Yes __No	___/____/_____	__Yes __No	__Yes __No
14.	Osteoarthritis	__Yes __No	___/____/_____	__Yes __No	__Yes __No
15.	Lupus (systemic lupus erythematosus)	__Yes __No	___/____/_____	__Yes __No	__Yes __No
16.	Asthma and/or emphysema	__Yes __No	___/____/_____	__Yes __No	__Yes __No
17.	Active tuberculosis	__Yes __No	___/____/_____	__Yes __No	__Yes __No
18.	Recurrent pneumonia	__Yes __No	___/____/_____	__Yes __No	__Yes __No
19.	Depression	__Yes __No	___/____/_____	__Yes __No	__Yes __No
20.	Schizophrenia	__Yes __No	___/____/_____	__Yes __No	__Yes __No
21.	Suicide attempts	__Yes __No	___/____/_____	__Yes __No	__Yes __No
22.	Alcoholism	__Yes __No	___/____/_____	__Yes __No	__Yes __No
23.	Infertility	__Yes __No	___/____/_____	__Yes __No	__Yes __No
24.	Cancer, specify: _____	__Yes __No	___/____/_____	__Yes __No	__Yes __No
25.	Other:	__Yes __No	___/____/_____	__Yes __No	__Yes __No
26.	Other:	__Yes __No	___/____/_____	__Yes __No	__Yes __No

PART VI: MEDICATION HISTORY

Please indicate by marking the appropriate response if you are currently taking or have taken any of the following medications.

Item No.	Name of medicine	Currently taking?		Previously taken?		Date of onset (mm/dd/yyyy)	Date last taken (mm/dd/yyyy)
E.	Insulin	___Yes	___No	___Yes	__No		
F.	Lithium	___Yes	___No	___Yes	__No		
G.	Amphetamine (TMA, MDA, Love Drug, Ecstasy, etc.)	___Yes	___No	___Yes	__No		
H.	Anabolic steroids	___Yes	___No	___Yes	__No		
I.	Cocaine	___Yes	___No	___Yes	__No		
J.	Vicodin	___Yes	___No	___Yes	__No		
K.	Meperidine (i.e. Demerol, pethidine, Mepergan, etc.)	___Yes	___No	___Yes	__No		
L.	Heroin (or PEPAP, etc.)	___Yes	___No	___Yes	__No		
M	Chinese capsules (i.e. china white, fentanyl, etc.)	___Yes	___No	___Yes	__No		
N.	Lysergic Acid diethylamide (including other LSDs, etc.)	___Yes	___No	___Yes	__No		
O.	PCP/PHP/Rolicyclidine	___Yes	___No	___Yes	__No		
P.	Other, specify: _____	___Yes	___No	___Yes	__No		
Q.	Other, specify: _____	___Yes	___No	___Yes	__No		
R.	Other, specify: _____	___Yes	___No	___Yes	__No		
S.	Other, specify: _____	___Yes	___No	___Yes	__No		

DISCLAIMER STATEMENT

The items of this instrument are not designed to be exhaustive, nor can all the underlying problems be fully elucidated through this interview process. Furthermore, the outcomes of the deliverance prayers would be affected by several factors including the client's ability to fully disclose all of his or her attributes, faith in Jesus Christ as the deliverer or healer, and the ability to adhere to the instructions within the scriptures and this ministry with respect to having and keeping your deliverance. Thus, in the course of this service or afterwards, the NewFoundland Foundation or its ministers are not liable for the failure to have or maintain one's deliverance or healing totally or in part.