

Natural Knowledge – Intake Form

Name: _____ Date: _____

Have you had any involvement or struggles in the following areas? *(Check all that apply)*

Witchcraft / Occult / Spiritual Practices

- | | | | |
|-----------------------------------------------------------------|---------------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Witchcraft | <input type="checkbox"/> Occult involvement | <input type="checkbox"/> Magic | <input type="checkbox"/> Shamanism |
| <input type="checkbox"/> Other religious or spiritual practices | <input type="checkbox"/> Freemasonry | <input type="checkbox"/> Ouiji Board | <input type="checkbox"/> Tarot Cards |
| <input type="checkbox"/> Mediums/Psychics | <input type="checkbox"/> Seances | | |

Type of Involvement: _____

Emotional Health

- | | | |
|--------------------------------|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Bitterness | <input type="checkbox"/> Disconnected/Withdrawn |
| <input type="checkbox"/> Rage | <input type="checkbox"/> Hatred | <input type="checkbox"/> Unforgiveness |
-

Mental Health

- | | | |
|----------------------------------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Suicidal ideation or attempt(s) | <input type="checkbox"/> Suicide | <input type="checkbox"/> Death vows |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Hearing Voices |
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Addiction

- | | | |
|-------------------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Food / Eating disorder | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Drugs | |
| <input type="checkbox"/> Sex/Pornography | <input type="checkbox"/> Gaming | |
-

Sexuality & Sexual History

- | | | |
|----------------------------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sexual immorality | <input type="checkbox"/> Abortion(s) | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Homosexual/Transgender Ideation | <input type="checkbox"/> Adultery | <input type="checkbox"/> Masturbation |
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Abuse

- | | |
|------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Sexual abuse Age: _____ |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Suspect sexual abuse, but not sure |
-

Behavioral / Emotional Patterns

- | | |
|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Fear | <input type="checkbox"/> Control /Manipulation |
| <input type="checkbox"/> Legalism | <input type="checkbox"/> Religious pressure |
| <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Performance |
| <input type="checkbox"/> Shame | <input type="checkbox"/> Guilt |
-

Rejection

- | | | |
|------------------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Rejection from others | <input type="checkbox"/> Self-rejection | <input type="checkbox"/> Self-hatred |
|------------------------------------------------|-----------------------------------------|--------------------------------------|
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Infirmity / Affliction *(Long-term or lingering health issues)*

- Chronic illness
- Conditions that should have healed but remain
- Frequently sick
- Accident-prone

Notes:

Night Experiences

- Choking sensations while sleeping
- Sleep paralysis
- Nightmares/terrors
- Sexual encounters in dreams/ with spirits in the room
- Visitations

Family Secrets

- Known
- Suspected but never discussed

Family Slogans / Spoken Over You

Examples: *"You'll never amount to anything," "You ALWAYS..." "You NEVER..."*

Write any that apply:

Additional Notes
