LIFE SCRIPT/AUTOBIOGRAPHY*

This is a guideline for you to follow in developing your life script. The purpose of completing it is to get a clear picture of your life history, events, and people, which have had an impact on your development.

All information provided in this Life Script will be kept confidential between you and the Extensive Care Retreat caregivers. *At the end of the Life Script is a place for your signature which verifies your understanding that this information will be shared within the Extensive Care Retreat Team exclusively.*

Responses are limited to the space provided for each question/prompt. Should you need additional space for a response, please use the blank fields at the end of this document.

IMPORTANT: Save this form using the following format: "Life Script - Your Name" Please complete & return (see last page) as soon as possible after registering.

Instructions: Click on a shaded area to type in your response. For a "checkbox," click on it and a solid box will appear. Use the Tab key to move between shaded areas. Please answer all items as fully & clearly as possible. You can save your progress as you proceed.

Name: Age: Sex: ☐ F ☐ M

Address:

City: State/Prov: ZIP/Post Code:

Home Phone: Cell:

Occupation: Marital Status:

Spouse's Name: Age:

How long have you been married? Spouse's Occupation:

Children's First Names & Ages:

Contact information of person to contact for emergency notification:

Name: Relationship:

Address:

Phone: Cell:

*This Life Script is a revision from the original developed by Drs. Allison and Wardle and was specifically adjusted for the "Come Away with Me" Retreats. The section on demonic involvement has been significantly impacted by the work of Neil T. Anderson.

REFERENCES

Please list the names and contact information of two references (preferably two of the following: pastor, associate, counselor, therapist).

REFERENCE ONE:

Name: Type/Title:

Email Address:

Office Phone: Cell:

REFERENCE TWO:

Name: Type/Title:

Email Address:

Office Phone: Cell:

FAMILY

How many people were in your childhood family?

With whom did you live?

Who were you closest to and why?

What did you like to do with your family?

How much time did you spend with them everyday?

Describe your parents briefly.

What did your mother say when she complimented you?

Criticized you?

What did your father say when he complimented you?

Criticized you?

What significant memories do you have regarding school?

Did anyone in your family drink too much?

How did they act toward you if they had been drinking?

What dysfunctions impeded healthy relationships within your childhood family?

Describe your parents' Christian experience.

Were your parents married or divorced?

Was your father the head of the home or did your mother fill this role?

How did your father treat your mother?

How did your mother treat your father?

Was there ever an adulterous affair with your parents or grandparents?

Was there ever any incestuous relationship?

Was there any history or evidence of mental illness?

Were or are there addictive problems in your family history?

How many people are in your current household?

Describe your relationship to your spouse, your children, and your parents.

Describe the level of communication between household members.

List four things you would like to change about how your family relates to one another.

1.
2.
3.
4.

IMPORTANT EVENTS

What is your earliest memory?

What is your happiest memory?

What is your saddest memory?

Describe any major losses in your life (deaths, moves, relationships, suicides, job changes, etc.).

What other events influenced your life? Describe them and state how they influenced you.

SELF

In my free time, I like to:

The last good book I read was:

My major life accomplishments are:

I consider my greatest failure to be:

My most irrational act:

Do you like yourself right now?

If you could change anything about yourself, what would it be?

If I could do it all over again I would:

My biggest goal for the future is:

Describe how you see yourself right now (socially, emotionally, intellectually and spiritually).

- Socially:
- Emotionally:
- Intellectually:
- Spiritually:

List five strengths you have.

1.
2.
3.
4.
5.

List five weaknesses/growth areas that you have.

1.
2.
3.
4.
5.

How do you work on areas needing growth?

In what specific areas do you struggle? (Be concise). How long have you struggled in these areas?

Are there any other problems which seem to grow out of these struggles?

Do you ever experience any of the following symptoms?

- ☐ Frequent or recurrent illness
- ☐ Sleeplessness
- ☐ Anger
- ☐ Fear
- ☐ Seizures
- ☐ Supernatural power
- ☐ Addictions
- ☐ Bizarre behavior
- ☐ Depression
- ☐ Hearing voices
- ☐ Mood swings
- ☐ Nightmares

Please elaborate on any of the above you have checked:

Which of the following has been an area of struggle for you personally?

Past	Present		Past	Present	
☐	☐	Day Dreaming	☐	☐	Pornography
☐	☐	Lustful thoughts	☐	☐	Overeating
☐	☐	Inferiority/low self-esteem	☐	☐	Fear
☐	☐	Inadequacy	☐	☐	Anxiety
☐	☐	Worry	☐	☐	Flashbacks
☐	☐	Doubts	☐	☐	Anger
☐	☐	Fantasy	☐	☐	Self-punishment
☐	☐	Obsessive thoughts	☐	☐	Insecurity
☐	☐	Blasphemous thoughts	☐	☐	Compulsive acts
☐	☐	Physical symptoms	☐	☐	Masturbation

Please elaborate on any of the above you have checked.

Have you struggled with suicidal thoughts? How did you cope and what did you do?

Do you have or have you had in the past a mental health condition or diagnosis (depression, anxiety, bi-polar, borderline, etc.)? ☐ Please list:

If you are taking medications for a mental health condition, please list:

Do you consider yourself emotionally ☐ stable ☐ somewhat stable ☐ less than stable ☐ somewhat unstable ☐ unstable (Please check one box.)

Are you experiencing bouts of anger or mood swings presently? If so, please explain:

WHAT FORMER HELP HAVE YOU SOUGHT for any of the issues addressed in this section?

☐ Psychiatrist
☐ Chiropractor
☐ Psychologist
☐ Counselor
☐ Medicine
☐ Group Therapy
☐ Self Hypnosis
☐ Prayer
☐ Healing Evangelist
☐ Social Worker
☐ Pastor
☐ Priest
☐ Hypnosis by another
☐ Christian Science
☐ Spiritualistic Healer
☐ Other (please specify):

FRIENDS

How many friends do you have? ☐ How many do you consider your closest friends? ☐

Who is your best friend and why?

How much time everyday do you spend with your friends, including phone time?

How do your friends/peers influence your life?

Have your social contacts changed recently? ☐ Why?

Do you have any enemies and if so why?

WORK

Describe your work and how it impacts you personally (include past work experiences as well).

Are you fulfilled in what you do?

What are your plans, dreams, and visions regarding your vocation?

To what degree is your identity linked to your vocation?

Explain how your finances affect you.

DIET/EXERCISE

Do you generally eat a healthy, well-balanced diet?

Describe any imbalance.

How satisfied are you with your body (choose only one)?

☐ Extremely Dissatisfied ☐ Fairly Dissatisfied ☐ Somewhat Dissatisfied

☐ Neutral ☐ Somewhat Satisfied ☐ Fairly Satisfied ☐ Extremely Satisfied

Do you, or others close to you, think you are overly concerned with your weight?

If yes, describe.

Describe any physical symptoms or change in mood or behavior as a result of consuming or withdrawing from certain foods or substances, such as caffeine, sugar, alcohol, etc.

Do you, or others close to you, think you are overly concerned with exercising?

If yes, describe.

DRUG/ALCOHOL USE

Indicate which of the following substances you currently use or have used in the past:

Past	Present		Past	Present	
☐	☐	Heroin	☐	☐	LSD
☐	☐	Opiates	☐	☐	Inhalants
☐	☐	Alcohol	☐	☐	Benzodiazepine
☐	☐	Barbiturates	☐	☐	PCP
☐	☐	Amphetamines	☐	☐	Over-the-counter drugs
☐	☐	Methamphetamines	☐	☐	Other (specify):
☐	☐	Crack			
☐	☐	Marijuana/Hash/THC			

Have you ever experienced negative consequences caused by your drinking or drug use?

If yes, describe.

Have you ever received treatment for your own drug or alcohol use?

If yes, please indicate type of treatment, dates and degree of success.

Do you ever experience blackouts, periods of time which you are unable to account for?

If yes, describe.

SPIRITUAL INVENTORY

Do you have regular devotions in the Bible? When and to what extent?

Do you find prayer difficult? Explain, including when & how this affects you.

If you were to die tonight and appeared before God in heaven, and He were to ask you, "For what reason should I allow you into my presence," how would you answer Him?

I John 5:11-12 says: "God has given us eternal life, and this life is in His son. He who has the Son has the life; he who does not have the Son of God does not have the life."

Do you have the Son of God in you?

When did you receive Him (John 1:12)?

How do you know that you have received Him?

Are you plagued with doubts concerning your salvation?

Are you presently enjoying fellowship with other believers, and if so, where and when?

When attending Church or other Christian ministries are you plagued with foul thoughts, jealousies, or other mental harassments?

☐ Yes If yes, how often (choose one): ☐ Frequently ☐ Infrequently ☐ Rarely

☐ No

Explain.

Has there been any involvement in the following? (Please check any or all that apply.)

- ☐ Hypnotism
- ☐ Spiritualism
- ☐ Christian Science
- ☐ Mormonism
- ☐ Jehovah Witness
- ☐ Free Masonry
- ☐ Eastern Star
- ☐ Rainbow Girls
- ☐ DeMolay
- ☐ Pacts with Satan
- ☐ Satanism
- ☐ Witchcraft
- ☐ Fortune Telling
- ☐ Dungeons & Dragons
- ☐ Tarot Cards
- ☐ Black Magic
- ☐ New Age Medicine
- ☐ Ouija Boards
- ☐ Levitation
- ☐ Horoscopes
- ☐ Blood Poets
- ☐ Fetishism
- ☐ Eastern Religions
- ☐ Scientology
- ☐ Islam
- ☐ Hinduism
- ☐ Buddhism
- ☐ Séances
- ☐ Astral Projection
- ☐ Spirit Guides
- ☐ Palm Reading
- ☐ Astrology
- ☐ White Magic

Have you prayed through and renounced your ties to the items marked above? ☐ Yes ☐ No

PREVIOUS & CURRENT TREATMENT

Are you currently seeing a counselor or therapist? ☐ If yes, please describe frequency and length of time, plus a brief synopsis of the nature of your sessions/treatment.

If not listed as a reference above, please provide the name and contact information of any counselor(s) or therapist(s) you are currently seeing.

COUNSELOR OR THERAPIST:

Name: Type/Title:

Email Address:

Office Phone: Cell:

COUNSELOR OR THERAPIST:

Name: Type/Title:

Email Address:

Office Phone: Cell:

Are you currently using any medication? Please list all prescriptions, over-the-counter medications and homeopathic remedies you are currently using. After each one, please provide a description of what they are used for.

If you needed additional space to respond to a question/prompt above, use the space below to continue you response. **Please indicate the question/prompt for which you are providing additional information and the page number on which it is found.**

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AUTHORIZATION/CONSENT

I give my permission for the information contained in this Life Script to be used by the team of caregivers at the "Come Away with Me" Retreat. Additionally, by signing, I give the Retreat Team Leader permission to speak with the counselor(s) or therapist(s) listed above if deemed necessary based on the content of this Life Script. Should this be the case, we will provide you with any additional forms necessary to provide consent for the release of information from said individual(s).

If necessary, I would be willing to meet one-on-one with a caregiver of the opposite sex.

☐ Yes ☐ No *(Preferences for caregivers will be considered and honored if possible.)*

(signature) (date)

Please e-mail your completed form to **retreats@hcminternational.org**. Note: By electronically submitting, you are giving your authorization/consent to all of the terms above without a handwritten signature on your completed form.

Alternatively, you can mail your completed form. Please print & mail the original form to:
HCM International, PO Box 96, Ashland, OH 44805

IMPORTANT: We prefer that you submit your Life Script as soon as possible after registering, but please be sure to do so *at least* three weeks prior to the retreat. Thanks!

NOTE: Please keep a copy of your completed form for your records and bring it to the retreat. You may want to refer to it for your individual Formational Prayer Sessions during the retreat.