

Freedom Appointment Confidential Life Review

The Confidential Life Review (CLR) is a tool to help you think about and remember the home life and environment you were raised in, including any struggles you are currently experiencing. Take time to consider your answers to each item prayerfully. Allow God to bring clarity to vague or distant memories. Ask Him to bring to your mind things you may have forgotten. When you are unsure or the memory is unclear, please indicate that in your response. Do not rush through this personal review. This process helps stir up memories you want to address during your freedom appointment.

This information will be kept confidential and only be shared with the person arranging your freedom appointment so they can select the appropriate ministry team. The team includes the Encourager (appointment facilitator) and a Prayer Partner to assist the process.

The CLR is a fillable document you can type your answers into directly. You can also print the CLR, fill it out by hand, and scan the completed pages if that is easier for you. If you have any problems with the digital document or have questions, please contact the person arranging your freedom appointment. When finished, return the completed CLR to them.

PERSONAL INFORMATION Name Phone

Email					
Male	Female	Age			
Address					
			State		
Name of You	ır Church				
How Did you	ı find out abou	t The Steps to Fre	edom in Christ?		
Present Mari	ital Status		If marr	ied, how long?	
			If so, how long ago?	_	
How long we	ere you marrie	d before becomi	ng divorced?		

MOST RECENT VOCATIONS

Where	What Job	When

SF	SPIRITUAL WELLBEING				
1.	Have you received Jesus Chris Share your experience.	t as your Lord and Savior?			
2.	Are you plagued with doubts Please explain.	concerning your salvation?			
3.	How do you connect relationa	ally with the Lord?			
4.	How are you enjoying fellows	hip with other believers to nurture	e your spiritual growth?		

5. How do you support your church with your time, talent, and treasure?

PERSONAL WELLBEING

1.	Briefly describe the current state of your physical health.
2.	Have you ever experienced addictive behavior in yourself, and how have you dealt with it?
3.	Describe any problems you are having with getting restful sleep.
4.	Describe any recurring dreams, nightmares, or disturbances.
5.	How does your schedule allow for rest, relaxation, and recreation?
6.	What traumatic physical, verbal, or sexual experiences have you had?
7.	Have you seen a counselor or therapist in the past? If so, when and how long?

8.	What conflicts were you able to resolve with your counselor or therapist?
9.	Are you seeing a counselor or therapist now? If so, how often and how long have you been seeing them?
10.	. How do you think you are progressing?
11.	. Check the thoughts you are experiencing. Then, describe in the space to the right how, when, and where you struggle with them.
	Condemning
	Distracting
	Fearful
	Fantasy
	Lustful
	Blasphemous
	Obsessive / Compulsive
	Suicidal
	Jealousy
	Confusion

	eelings you are experiencing. Then, describe in the space to the right any struggles ntrolling or expressing those emotions.
Anger	
Bitterne	ss
Anxiety	
Loneline	ess
Worthle	ssness
Depress	ion
Hatred	
Hopeles	sness
Fear	
Joy	
Love	
Gratitud	le
Guilt	
Shame	
13. What have y	ou lost in your life that has caused you to grieve or feel sad?
14. How conten	t or discontent are you with who you are: your looks, body, personality, and?
15. How much r your favorit	media (socials, apps, streaming, music, reading, TV) do you consume daily? List es.

16.	Who can you be emotionally honest with right now? (i.e., you can tell this person exactly how you feel).
17.	Describe how you are emotionally honest with God.
FΑ	AMILY HISTORY
1.	Did you grow up with your biological parents? If not, explain.
2.	Was there a sense of security and harmony in your childhood home? Please explain.
3.	How did your parents or guardians relate to one another?
4.	List any patterns of physical or emotional illness experienced in your family growing up.

List any addictive or threatening behaviors experienced in your family growing up. How have these experiences affected you?
What kind of guidance did your family give you to make choices about areas of your life such as clothing, dating, sex, media, and friends?
Briefly describe the spiritual or religious climate of your childhood home.
Who was the spiritual leader of the home? Please explain.
List the names of individuals who have positively or negatively influenced your life and explain why they were significant to you.

STAGES OF YOUR LIFE

For each of the following stages of your life, share 2 or 3 words that describe your life during those years. Explain why you felt that way during that stage. Write "can't remember" if you have no memories of that time.

STAGE	2-3 DESCRIPTIVE WORDS ABOUT THIS STAGE	EXPLAIN WHY YOU FELT THAT WAY
Pre-School		
Kindergarten through 2 nd Grade		
3 rd Grade through 6 th Grade		
Middle School		
High School		
Twenties		
Thirties		
Forties		
Fifties and Older		