INTAKE FORM

Office of Healing, Deliverance, and Exorcism Ministry

COMPLETION NOTE: Please answer each question as fully and accurately as possible. If additional space is needed, attach a separate sheet and identify the corresponding section and question. A printable version is located on the archdiocese website on the exorcism resource page linked in the Instructional Reference Guide

FORMAL REFERRAL ONLY: This form is to be completed only when formally submitting a case to the Office of Healing, Deliverance, and Exorcism Ministry.

BASIC INFORMATION

Name of person requiring assistance		
Sex ☐ Male ☐ Female	**Date of birth**	**Age**
Name of petitioner, if different from the person requiring assistance		
Petitioner's relationship to the person requiring assistance ☐ Self ☐ Spouse ☐ Parent ☐ Other:		
Street address		
Home phone	**Cell phone**	
Email address		
Other household members and their relationship to the person requiring assistance		

REFERRAL AND FAMILY

Referred by	
Occupation	**Employer**

Marital status: ☐ Never married ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widowed ☐ Cohabitating

Spouse or partner's name

Is this your first and only marriage? ☐ Yes ☐ No

If not, how many times have you been married?

Children and ages; note whether each child lives at home

If any children are minors, with whom do they live? ☐ Mother ☐ Father ☐ Both ☐ Other

Have you experienced any miscarriages? ☐ Yes ☐ No

If yes, how many?

FAITH LIFE

Are you baptized? ☐ Yes ☐ No

If yes, church or denomination

Current religious affiliation

Are you currently practicing your faith? ☐ Yes ☐ No

IF CATHOLIC

Do you go to Confession? ☐ Yes ☐ No

Frequency	How long since your last Confession?

Have you received the Sacrament of Confirmation? ☐ Yes ☐ No

Do you attend Mass every Sunday and on Holy Days of Obligation? ☐ Yes ☐ No

Do you receive Holy Communion when you attend Mass? ☐ Yes ☐ No

Describe your relationship with God.

Do you pray regularly? ☐ Yes ☐ No

Do you pray the Rosary? ☐ Yes ☐ No

If yes, how often?

Describe your daily prayer life.

Do you practice any prayer devotions? ☐ Yes ☐ No

If yes, which devotions do you practice, and to whom are they directed?

Describe your knowledge of the Catholic faith and the catechesis, or religious formation, you have received.

Parish

Pastor	Pastor's phone

Pastor's email

Have you spoken with your pastor about this request? ☐ Yes ☐ No

MEDICAL AND PSYCHOLOGICAL HISTORY

How would you describe your current physical health?

Are you currently under the care of a doctor? ☐ Yes ☐ No
If yes, for which conditions are you being treated?

Doctor's name	Doctor's phone

Doctor's email

List all current medications.

Have you received psychological counseling or therapy at any point in your life? ☐ Yes ☐ No

If yes, therapist or provider's name	Phone

For which conditions did you receive counseling or therapy?

Have you ever been hospitalized for psychiatric concerns? ☐ Yes ☐ No
If yes, when and where?

Have you ever attempted to take your own life? ☐ **Yes** ☐ **No**

If yes, when, how often, and by what manner?

Have you ever had an abortion? ☐ **Yes** ☐ **No**

If yes, how many, at what age or ages, and what impact did the experience have on you?

TRAUMA AND OCCULT HISTORY

Have you experienced any traumatic events, such as abuse, serious loss, or accidents? ☐ **Yes** ☐ **No**

If yes, please describe.

Have you ever been involved in occult practices, such as Ouija boards, psychics, spells, or tarot? ☐ **Yes** ☐ **No**

If yes, please describe.

Have you ever had sexual or close personal involvement with someone who practices occultism or Satanism? ☐ **Yes** ☐ **No**

If yes, please describe.

Have you participated in role-playing games, video games, or media with occult or demonic themes? ☐ **Yes** ☐ **No**

Do you have a family history of occult involvement, Freemasonry, or similar practices? ☐ **Yes** ☐ **No**

Have you engaged in New Age practices, such as Reiki, Transcendental Meditation, or energy work? ☐ **Yes** ☐ **No**

If yes, please describe.

Have you ever been hypnotized? ☐ **Yes** ☐ **No**

Do you have tattoos or body piercings? ☐ **Yes** ☐ **No**

If yes, please describe, including the meaning or origin if relevant.

CURRENT MANIFESTATIONS

Do you believe you are currently under spiritual attack? ☐ **Yes** ☐ **No**

If yes, explain why.

How would you rate the severity of the problem? ☐ **Mild** ☐ **Moderate** ☐ **Severe**

How frequently do the symptoms or disturbances occur? ☐ **Constant** ☐ **Weekly** ☐ **Infrequent** ☐ **Rare**

Have you used terms such as "possessed" or "demonic" to describe what you are experiencing? ☐ **Yes** ☐ **No**

If yes, please explain.

When did these manifestations first begin?	**How long have they continued?**

Have you experienced any preternatural or clearly demonic phenomena, such as levitation, knowledge of unknown things, speaking unknown languages, or strength beyond nature? ☐ **Yes** ☐ **No**

If yes, describe in detail.

What languages do you speak or understand?

Have you experienced a change in Mass attendance, reception of the sacraments, or participation in Church life? ☐ **Yes** ☐ **No**

If yes, please describe.

Do you experience an aversion to sacred objects, words, persons, or places? ☐ **Yes** ☐ **No**

If yes, please describe.

PREVIOUS SPIRITUAL INTERVENTIONS

Have you ever sought healing or relief through non-Christian spiritual or religious practices? ☐ **Yes** ☐ **No**

If yes, please describe.

Have you sought healing through Christian or Catholic means, such as the sacraments, Confession, or prayer? ☐ **Yes** ☐ **No**

If yes, please describe.

Have you ever been prayed over for deliverance or received an exorcism? ☐ **Yes** ☐ **No**

If yes, please explain.

Do you believe you may be under a curse or spell? ☐ **Yes** ☐ **No**

If yes, please explain.

Have you ever been given an object by someone involved in the occult? ☐ **Yes** ☐ **No**

Do you still possess the object? ☐ **Yes** ☐ **No**

If yes, please describe the object.

Has your life become unmanageable or chronically disrupted in ways that you associate with spiritual affliction? ☐ **Yes** ☐ **No**

If yes, please explain.

Have you read books by Catholic exorcists or authors, such as Amorth, Martins, Rossetti, Fortea, or Ripperger? ☐ **Yes** ☐ **No**

If yes, describe what you read.

Have you viewed films or media about exorcism or demonic themes? ☐ **Yes** ☐ **No**

If yes, explain how they affected you.

Do you desire to be free from evil influences or spiritual bondage? ☐ **Yes** ☐ **No**

If yes, explain why.

What are you hoping to receive from the Church through this request?

SIGNATURES

Signature instructions: Complete the signature section that applies to the person submitting this form.

Signature of petitioner
Printed name
Date

IF SIGNED ON BEHALF OF A MINOR OR DEPENDENT PARTICIPANT

Signature of parent or guardian
Printed name of parent or guardian
Relationship to participant
Witnessed by priest or delegate

Role or title	**Date**