

# Physical, Mental & Spiritual Healing Form

Name: \_\_\_\_\_

1. What physical ailments do you have? (Diabetes, High Blood Pressure, Migraines, etc.)
2. What drug medications are you taking, if any, and what physical ailments are they for?
3. What physical healing goals do you have for yourself? (Weight Loss Goals, Blood Sugar Goals, Fatigue Goals, etc.)
4. What mental ailments do you have? (Anxiety, Depression, Bi-Polar, etc.)
5. What drug medications are you taking, if any, and what mental ailments are they for?
6. What mental/emotional healing goals do you have for yourself? (Healing of Anger, Healing of Guilt, Healing of Low Self-Worth, etc.)
7. What spiritual ailments do you have? (Weak Walk with God, Angry at God, Relationships with Others are Failing, etc.)
8. What spiritual healing goals do you have for yourself? (Trust in God More, Love God More, Healing for my Family, etc.)
9. What would you like to see happen to you at Healing Rain?

\* Please return this form as soon as possible so we can best prepare for you. You can scan and email it back to [healingrainaus@gmail.com](mailto:healingrainaus@gmail.com)