



THE CHRISTIAN HEALING MISSION

We ask all those seeking prayer to complete and sign this form before their first appointment

We hope you will find your visits here encouraging and helpful. Sorry to bombard you with paperwork at this stage, but we really need to ask for your signature on just this one form please.

Surname:

Christian Name:

Contact telephone Number

Home: Mobile:

After your visit to the Mission, your Christian name and a short prayer request will be sent to our Intercessors, and they will pray for you for the following 2 weeks. In this way the ministry to you will continue long after you leave our premises.

We want to offer you the best care that we can, so we urge you to exercise wisdom with any subsequent choices and decisions after your visit to us. In particular we recommend that you do not make changes to any prescribed medication without your doctor's advice.

Please note that confidentiality is strictly maintained within the Christian Healing Mission but those who have prayed for you may need to share some of your details in supervision. However it is important that you know that confidentiality will be broken if required by law or if we consider there is a risk to you or to others.

Signed:

Date:

Please print off this form, sign it and either send it to us in advance of your first appointment, or bring it with you on the day.

**The Christian Healing Mission
8 Cambridge Court
210 Shepherds Bush Road
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