



FREEDOM IN CHRIST

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 shared only with the person arranging your freedom appointment and with your freedom appointment team. The team includes the "encourager" (appointment facilitator) and a "prayer partner" to assist the process.

If you have any questions or problems filling out this form, 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 _____

City _____ State _____ Zip _____

Name of your church _____

How did you find out about *The Steps to Freedom in Christ*? _____

Present Marital Status _____ If married, how long? _____

Have you ever been divorced? _____ If so, how long ago? _____

How long were you married before becoming divorced? _____

MOST RECENT VOCATIONS

Where	What Job	When

SPIRITUAL WELLBEING

- 1. Have you received Jesus Christ as your Lord and Savior?
Share your experience.

- 2. Are you plagued with doubts concerning your salvation?
Please explain.

- 3. How do you connect relationally with the Lord?

- 4. How are you enjoying fellowship with other believers to nurture 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	

12. Check the feelings you are experiencing. Then, describe in the space to the right any struggles you have controlling or expressing those emotions.

Anger	
Bitterness	
Anxiety	
Loneliness	
Worthlessness	
Depression	
Hatred	
Hopelessness	
Fear	
Joy	
Love	
Gratitude	
Guilt	
Shame	

13. What have you lost in your life that has caused you to grieve or feel sad?

14. How content or discontent are you when you think about your looks, body, personality, and intelligence?

15. How much media (socials, apps, streaming, music, reading, TV...) do you consume daily?
List your favorites.

16. Who can you be emotionally honest with right now? You can tell this person exactly how you feel.

17. Describe how you are emotionally honest with God.

FAMILY 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.

5. List any addictive or threatening behaviors experienced in your family growing up. How have these experiences affected you?

6. 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?

7. Briefly describe the spiritual or religious climate of your childhood home.

8. Who was the spiritual leader of the home?
Please explain.

9. 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		