Living Water Life Script[[1]](#footnote-1)

The following is a guideline is for you to use in giving a clear picture of your life history, events, and the people who have had significant impact on your development. **Please complete it, keep a copy for yourself and attach it in an email to** **davidmoliver@att.net****. If possible, send it at least one week prior to your first session.**

**All information provided in the Living Water Life Script will be kept confidential between you and your Spiritual Director within the limits of professional ethics as described in the Living Water Client document.**

**Where possible, please type your answers and complete all answers honestly. People report gaining important insights into their lives by taking time to think carefully about their answers.**

Your Name: Age: Sex:

Address: Phone:

Cell Phone: Marital Status:

Spouse’s Name: Age: Occupation:

Name, address & phone of person for emergency notification:

Relationship to you:

What is your basic need as you see it? (Be concise). How long have you had this difficulty?

Are there any other problems which seem to grow out of this one?

What help have you sought for this? Place an (\*) after the types of help you have sought in the past. Place an (+) after the help you are presently utilizing.

|  |  |  |
| --- | --- | --- |
| Psychiatrist | Prayer | Self-Hypnosis |
| Chiropractor | Healing | Christian Science |
| Psychologist | Evangelist | Hypnosis by another |
| Counselor | Social Worker | Non-Christian Healer |
| Medicine | Pastor  | Other-(Identify) |
| Group Therapy |  |  |

**BACKGROUND**

The last good book I read was:

Favorite heroes:

If I could do it all over again I would:

My fantasy is:

My most irrational act:

My friends like me because:

Behind my back people say:

My nickname is:

My nickname as a child was:

My major life accomplishments are:

My biggest goal for the future is:

I consider my greatest failure to be:

**FAMILY**

How many people were in your childhood family?

With whom did you live?

Who were you closest to and why?

What did you like to do with your family?

How much time did you spend with them every day?

Describe your parents briefly.

What did your mother say when she complimented you?

What did your mother say when she criticized you?

What did your father say when he complimented you?

What did your father say when he criticized you?

What significant memories do you have regarding school?

Did anyone in your family drink too much?

How did they act toward you if they had been drinking?

List four things you would like to change about your family and how you relate to one another.

1.

2.

3.

4.

How many people are in your current family?

Describe your relationship to your spouse, your children, and your parents.

Describe the level of communication between family members.

What dysfunctions impede healthy relationships within your family?

**IMPORTANT EVENTS**

What is your earliest memory?

What is your happiest memory?

What is your saddest memory?

Describe any major losses in your life.

What other events have influenced your life in some way? Describe them and state how they influenced you.

Have you ever known anyone who attempted or committed suicide?

Have you ever thought of suicide?

What happened?

**SELF**

Describe how you see yourself right now (physically, socially, emotionally and intellectually).

Do you like yourself right now?

If you could change anything about yourself, what would it be?

List five strengths you have:

1.

2.

3.

4.

5.

List five weaknesses that you have:

1.

2.

3.

4.

5.

How do you work on areas needing growth?

What is your biggest problem/challenge?

What is your greatest joy?

**FRIENDS**

How much time everyday do you spend with your friends, including screen time?

How many friends do you have?

Who is your best friend and why?

How are you alike or different than your friends?

Have your social contacts changed recently? Why?

Do you have any enemies and, if so, why?

How do your peers influence your life?

What person do you admire most in your life?

What famous person would you like to be and why?

**WORK**

Describe work-related experiences and their impact upon you.

Are you fulfilled in what you do?

What are your plans, dreams, and visions regarding your vocation?

To what degree is your identity linked to your vocation?

To what degree do finances drive you?

How do you view money?

How important is it to you?

**DIET/EXERCISE**

Do you generally eat a healthy, well-balanced diet?

Describe any imbalance.

Do you ever engage in consuming a large quantity of food even though you are not physically hungry?

If yes, please describe (include frequency and type of food you are likely to overeat).

Do you ever greatly restrict your food intake for reasons other than spiritual fasting?

If yes, please describe, including frequency.

How satisfied are you with your current body size, shape and physical condition?

**Body size:** **Please highlight or bold the text which best expresses your view.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Extremely Dissatisfied | Fairly Dissatisfied | Somewhat Dissatisfied | Neutral  | Somewhat Satisfied | Fairly Satisfied | Extremely Satisfied |

**Body shape: Please highlight or bold the text which best expresses your view.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Extremely Dissatisfied | Fairly Dissatisfied | Somewhat Dissatisfied | Neutral  | Somewhat Satisfied | Fairly Satisfied | Extremely Satisfied |

**Physical condition:** **Please highlight or bold the text which best expresses your view.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Extremely Dissatisfied | Fairly Dissatisfied | Somewhat Dissatisfied | Neutral  | Somewhat Satisfied | Fairly Satisfied | Extremely Satisfied |

Do you, or others close to you, think you are overly concerned with your weight?

If yes, describe.

Which of the following you consume, indicating quantity and **bold or circle the frequency**:

Caffeine --- Amount: per (day, week, etc.)

High sugar snacks/desserts --- Amount: per (day, week, etc.)

High fat foods/desserts --- Amount: per (day, week, etc.)

Alcoholic beverages --- Amount: per (day, week, etc.)

Describe any physical symptoms or change in mood or behavior as a result of consuming or withdrawing from any of the above.

Do you ever experience a physical craving (beyond normal desire) for foods high in sugar?

For salt? For carbohydrates?

Describe your current involvement in physical activity/exercise:

Type of exercise:

Amount of exercise: per (day, week, etc.)

Do you, or others close to you, think you are overly concerned with getting enough exercise?

If yes, describe.

**DRUG/ALCOHOL USE**

Place an (\*) after the items you have used in the past. Place an (+) after items you are presently utilizing.

|  |  |  |
| --- | --- | --- |
| Heroin | Barbiturates | Marijuana/Hash/THC |
| LSD | PCP | Over-the-counter drugs |
| Opiates | Amphetamines | Alcohol |
| Inhalants | Methamphetamines | Other (specify): |
| Benzodiazepine | Crack |  |

Have you ever experienced negative consequences caused by your drinking or drug use?

If yes, describe.

Have you ever received treatment for your own drug or alcohol use?

If yes, please indicate type of treatment, dates and degree of success.

Do you ever experience blackouts, periods of time for which you are unable to account?

If yes, describe.

**SPIRITUAL INVENTORY**

Describe your parents’ Christian experience.

Were your parents married or divorced?

Was your father the head of the home or did your mother fill this role?

How did your father treat your mother?

How did your mother treat your father?

Was there ever an adulterous affair with your parents or grandparents?

Was there ever any incestuous relationship?

Were or are there addictive problems in your family history?

Was there any history or evidence of mental illness?

Which of the following has been an area of struggle for you personally?

Place an (\*) after the items you experienced in the past. Place an (+) after items you are presently experiencing.

|  |  |  |
| --- | --- | --- |
| Day Dreaming | Fear | Doubts |
| Pornography | Inadequacy | Anger |
| Lustful thoughts | Anxiety | Fantasy |
| Overeating | Worry | Self-punishment |
| Inferiority/low self-esteem | Flashbacks | Obsessive thoughts |
| Insecurity | Compulsive acts | Blasphemous thoughts |
| Physical symptoms | Masturbation |  |

Please elaborate on any of the above you have checked.

Do you have regular devotions in the Bible? When and to what extent?

Do you find prayer difficult? Please explain.

When attending Church or other Christian ministries are you plagued with foul thoughts, jealousies, or other mental harassments? Explain.

Do you listen to music? What type do you enjoy?

How much TV do you watch daily?

What types of programs do you watch?

If you were to die tonight and appeared before God in heaven, and God were to ask you, “By what right should I allow you into my presence,” how would you answer?

1 John 5:11-12 says: “God has given us eternal life, and this life is in his son. He who has the Son has the life; he who does not have the Son of God does not have the life.”

Do you have the Lord Jesus Christ, the Son of God in you (1 Corinthians 15:3; Romans 10:9-11)?

When did you receive Jesus Christ into your life (John 1:12)?

How do you know that you have received Christ?

Are you plagued with doubts concerning your salvation?

Are you presently enjoying fellowship with other believers, and if so, where and when?

Has there been any involvement in the following? Place an (\*) after the items you have experienced in the past. Place an (+) after items you are presently experiencing.

|  |  |  |
| --- | --- | --- |
| Hypnotism | Witchcraft | Eastern Religions |
| Spiritualism | Fortune Telling | Scientology |
| Christian Science | Dungeons & Dragons | Islam |
| Mormonism | Tarot Cards | Hinduism |
| Jehovah Witness | Black or White Magic | Buddhism |
| Free Masonry | New Age Medicine | Séances |
| Eastern Star | Ouija Boards | Astral Projection |
| Rainbow Girls | Levitation | Spirit Guides |
| DeMolay | Horoscopes | Palm Reading |

Do you ever experience any of the following symptoms? Place an (\*) after the items you have experienced in the past. Place an (+) after items you are presently experiencing.

|  |  |  |
| --- | --- | --- |
| Frequent or recurrent illness | Fear | Addictions |
| Sleeplessness | Seizures | Bizarre Behavior |
| Anger | Supernatural power | Mood Swings |
| Depression | Hearing voices | Nightmares |

Please elaborate on any of the above you have checked:

Are you currently seeing a counselor or therapist?

If yes, please describe the frequency and length of time, plus a brief synopsis of the nature of your sessions/treatment.

Name of Professional:

(This person will not be contacted without your written permission.)

Date:

Signature:

(Your signature in this document, whether typed or handwritten, is considered by Living Water LLC to be a legal signature on your part.)

NOTE: After you have completed the Living Water Life Script, save it to your computer and attach it in an email to davidmoliver@att.net. If possible, send it at least one week prior to your first session. This form may also be printed and mailed or faxed to Dr. David Oliver using the information in the footer.

1. Much of the material in this Life Script was originally developed by Dr. Terry Wardle and Judy Allison. The section on demonic involvement has been significantly impacted by the work of Neil T. Anderson. [↑](#footnote-ref-1)