



Registration Form

Name 姓名: _____ M 男 F 女 Age: _____ Phone: _____
First name 名 Last name 姓 年齡 電話

Married 已婚 Widowed 喪偶 Single 單身 Divorced 離婚 Separated 分居

Children 子女: Yes 有 No 無 Name of Guardian 監護人姓名 (If under 18 歲以下) _____

Address 地址: _____ Email 電郵: _____

是否基督徒? 是 否 受聖靈的洗禮? 是 否 其他信仰? _____
Are you a Christian? Yes No Baptized in the Holy Spirit? Yes No Other Religion? _____

有沒有返教會? 無 有 教會名稱 _____
Do you attend a church? No Yes Name of Church: _____

你從那裡得悉 ICA 禱告醫治室? 姓名 _____ 電話 _____ 教會 _____
How did you hear about us? Name: _____ Phone: _____ Church: _____

Language Preferred 語言: English 英文 Cantonese 廣東話 Mandarin 普通話

Healing/Prayer Need(s) 需醫治的狀況 Your reason for coming here today, e.g. wrist pain due to arthritis, lung cancer, etc.

1. _____ How long has this been an issue 有多久? _____

2. _____ How long has this been an issue 有多久? _____

3. _____ How long has this been an issue 有多久? _____

你現在身體有痛嗎? 無 有; 痛的程度: (輕) _____ (重) _____
Are you currently experiencing physical pain? No Yes; pain level: (slight) 1 2 3 4 5 6 7 8 9 10 (severe)

有否接受醫療護理? 醫生 註冊輔導員 專業醫療人員 無
I am currently under the care of: Medical Doctor Licensed Counselor Healthcare Professional None

有否服用藥物? 無 有 藥物名稱: _____
I am presently taking medication No Yes Name of medication: _____

I also have problems with the following 有以下的困擾:

- Depression 抑鬱症 Suicidal thoughts 自殺念頭 Need to Forgive 需要饒恕
 Marital Difficulties 婚姻問題 Fear/Anxiety 恐懼/焦慮 Bad Habits/Addictions 壞習慣/沈溺
 Unemployment 失業 Broken Relationships 破裂關係 Others 其他 _____

Legal Liability and Video Permission Release (中文譯本, 請參考背頁)

I, the undersigned do hereby release ICA Healing Rooms Ministry and their staff or volunteers from any liability, harm or perceived harm resulting from my voluntary receiving of free prayer on this and subsequent visits. I understand that this session and any follow-up healing or counseling session is not a professional counseling meeting and that the staff and volunteers are not trained or licensed professionals in counseling, therapy or medical services. I also understand that the staff and volunteers represent the broad body of Christ and reflect many denominations and churches. I understand that if I am currently taking medication or operating under the advice of a medical doctor, therapist, counselor, or any professional health service, I will allow said professional to confirm any results of prayer received before altering any prescribed courses of action. I understand that this form and all data recorded on it is the sole property of ICA Healing Rooms Ministry.

I hereby give my permission to ICA Healing Rooms to use any testimony resulting from prayer, and to photograph and videotape me for any legitimate use without limitation or reservation. I understand that these videos may be used for production, publishing, website material, media sources and promotional materials. I agree to relinquish to ICA all right, title, financial remuneration and interest in the recordings. I further agree to hold ICA and ICA Healing Rooms Ministry and its staff and volunteers harmless from any and all liability and will never assert any claim against them arising from the media products, reproduction and/or use of the aforementioned tape or material.

(Person receiving prayer ministry)
(接受祈禱者簽署)

(Parent/guardian of minor receiving prayer)
(18 歲以下, 接受祈禱之監護人簽署)

(Date)
(日期)

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(以上中文譯本只供參考，一切內容以英文版本為準)