

Bethel Healing Rooms

伯特利医治室

Group # 1

组 #1

PLEASE PRINT CLEARLY 请写清楚

Guest Name / 姓名 _____ Male 男 Female 女 日期: _____

Name of Guardian (if under 18) _____ Age (optional if over 18) _____

监护人的姓名 (如果是 18 岁以下)

年龄 (如果是 18 岁以上, 可自由选择填或不填)

First time to Bethel Healing Rooms? 第一次来到伯特利医治室? Yes 是 No 不是

Physical Prayer Need(s) 身体上需要被祷告的项目

1. _____ How long have you had this? 您有这个疾病/症状有多长时间了? _____

2. _____ How long have you had this? 您有这个疾病/症状有多长时间了? _____

3. _____ How long have you had this? 您有这个疾病/症状有多长时间了? _____

Are you experiencing physical pain? 您现在身体上有疼痛吗? No 没有 Yes 有

pain level / 疼痛程度 : (slight / 轻微) 1 2 3 4 5 6 7 8 9 10 (severe / 严重)

Are you in the care of a professional service? 您正在接受专业的治疗吗?

Medical Doctor / 医师 Counselor / 心理辅导员 Other / 其他: _____

Born Again? 是重生的基督徒吗? Yes 是 No 不是 Unsure 不确定

Baptized in the Holy Spirit? 曾受过圣灵的洗吗? Yes 有 No 没有 Unsure 不确定

Phone / 电话 _____ Email / 邮件 _____

City / 城市 _____ State / 州 _____ Country / 国家 _____

Church Name/Affiliation 教会名称 / 宗派 _____

How did you hear about the Bethel Healing Rooms? / 您从哪里得知伯特利医治室的?



facebook.com/bethelhealingrooms

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Legal Liability and Video Permission Release

I do hereby release the Bethel Healing Rooms Ministries ("BHRM") in Redding, CA, and their volunteers and staff from any liability, harm or perceived harm resulting from my voluntary receiving of free prayer on this and subsequent visits. I understand that BHRM is staffed by volunteers representing the broad body of Christ and reflect many denominations and churches. Furthermore, I understand that BHRM is not staffed by trained or licensed professionals in counseling, therapy or medical services. 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 my professional service to confirm any result of prayer before I alter any prescribed course of action from said professional service. I understand that this form and all its recorded data is the sole property of BHRM.

I hereby give my permission to BHRM, Bethel Church and associate ministries to photograph and videotape me (including name, face, likeness, appearance and/or voice,) for any legitimate use without limitation or reservation. I understand that these videos may be used for production, publishing, web site material, media sources and promotional materials. I agree to relinquish to Bethel Church all right, title, financial remuneration and interest in the recordings. I further agree that I, on behalf of myself and my heirs, legal representatives, successors or assignees, will hold Bethel Church harmless from any and all liability and will never assert any claim against Bethel Church and/or the aforementioned arising from the media productions, reproduction and/or use of the aforementioned tape or material.

Person receiving prayer ministry
Date

Parent /guardian of minor receiving prayer

法律责任和视频发布许可

我了解，加利福尼亚州雷丁市的伯特利医治室事工是由义工组成，这些员工来自各个宗派和不同教会背景，代表广大的主内基督身体，他们大部分都不是专业医疗人员，所以并没有经受过专业的辅导或医疗培训，他们只是凭热心、爱心和信心来作免费的服事，而我也是自愿来接受祷告服务，所以我在此澄清，我这次来和以后的到访，都不会要求他们负任何法律上的责任，也不会法律上追讨有可能会造成的伤害。如果我目前有服用药物或在接受专业的治疗，我会先征求医生或专业治疗和心理辅导员的意见并且在他们确定祷告的果效后，才做药物和治疗上的改动和变更。这张表格上的记录，是专属于伯特利医治室事工内部使用。

这整个过程不允许录像，但是，如果我被邀请去作特别的录像，我授权给伯特利医治室，伯特利教会和与他们配搭服事的部门，可以无限或有保留地合法使用为我拍的照片和录像（包括姓名，脸，肖像，外观和/或语音）。我明白，这些视频可用于制作，发布，网站材料，媒体资源和宣传材料。我同意在影音媒体产品上放弃所有权利、头衔、经济报酬和利益让给伯特利教会。我进一步同意，我代表我自己和我的继承人、法定代表或受让人，将不会伤害伯特利教会并且绝不会主动攻击伯特利教会和/或上述媒体产品，复制品和/或使用上述录音或材料也不会要求任何的索赔。

接受祷告的人

日期

接受祷告人的家长/监护人

(借着您慷慨的奉献，可以持续医治室的事工，欢迎奉献，奉献箱置放在走廊，奉献可抵税，请用所提供的信封填写。)

Bethel Healing Rooms continues to minister through your
2 generous donations. Offering boxes are located in the
hallway, and as always, your donation is tax deductible.



Testimony Report *(Please only describe miracles and/or physical healings)*

| | |
|-------------------------------|--------------------------|
| Prayer Need: | post-prayer pain: |
| 0 1 2 3 4 5 6 7 8 9 10 | |
| Observable Difference: | |
| | |
| | |
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| 0 1 2 3 4 5 6 7 8 9 10 | |
| Observable Difference: | |
| | |
| | |
| Prayer Need: | post-prayer pain: |
| 0 1 2 3 4 5 6 7 8 9 10 | |
| Observable Difference: | |
| | |
| | |

Notes & Observations *(Please enter whatever non-testimonial comments you may have)*

Testimony Checklist

| Common Miracles | Check |
|----------------------------|--------------------------|
| Arm Grew Out | <input type="checkbox"/> |
| Baptism Of The Holy Spirit | <input type="checkbox"/> |
| Born Again Today | <input type="checkbox"/> |
| Breathing Improved | <input type="checkbox"/> |
| Cold Or Flu Symptoms Gone | <input type="checkbox"/> |
| Eyesight Improved | <input type="checkbox"/> |
| Hearing Improved | <input type="checkbox"/> |
| Leg Grew Out | <input type="checkbox"/> |
| Mobility Improved | <input type="checkbox"/> |
| Mobility Restored | <input type="checkbox"/> |
| Ringing In Ears Stopped | <input type="checkbox"/> |
| Swelling Down | <input type="checkbox"/> |
| Tumor / Cyst Shrank | <input type="checkbox"/> |
| Tumor / Cyst Gone | <input type="checkbox"/> |

| Common Emotions | Check |
|----------------------|--------------------------|
| Hope / Encouragement | <input type="checkbox"/> |
| Joy / Laughter | <input type="checkbox"/> |
| Love | <input type="checkbox"/> |
| Peace | <input type="checkbox"/> |

