



## Nephros Ministries Experience Feedback

Name of person receiving ministry: \_\_\_\_\_ Date of session: \_\_\_\_\_

Lead Facilitator: \_\_\_\_\_ Encourager/Intercessor: \_\_\_\_\_

Any other people present: \_\_\_\_\_

How would you describe your Restoration Healing Ministry experience?

Fantastic     Healing     Acceptable     Painful    Other: \_\_\_\_\_

**Were there any issues that concerned you about your ministry session?**

**Did you experience a personal breakthrough during or after the ministry session?**

**How would you describe the results of this ministry time?**

**Were the ministry team members:**

- Kind and understanding in their interactions with you?  
 yes     no     does not apply \*
- Safe to disclose personal hurts, shame, or struggles with?  
 yes     no     does not apply \*
- Knowledgeable about the restoration prayer process?  
 yes     no     does not apply \*

Would you recommend a Restoration Healing Ministry experience to others?

highly recommend     maybe     suggest changes before recommending \*     not at all

\*Other comments, suggestions, recommendations: