

Spiritual Direction Intake Form

(All information provided below is held confidential and will not be disclosed.)

General Information

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Email _____ Phone: (____) _____

Spouse's Name: _____

Children's name(s) & age(s): _____

Occupation: _____ Organization: _____

Spiritual Direction Questions

1. Have you been in spiritual direction in the past? (circle one) Y / N. If yes, describe:

2. What are your expectations of spiritual direction?

3. Why are you seeking direction at this time?

4. As it relates to spiritual matters, what do you fear?

5. Describe your early life, your relationship with your parents and/or significant people:

Questions About Spirituality:

1. I would describe my relationship with God as:

2. Describe how you meet and interact with God:

3. How does God view you?

4. How do you view God?

Confidentiality Information and Release

Information shared in spiritual direction sessions is confidential and will not be discussed or released to anyone, except in cases where there is sufficient cause to believe that a life is in danger, or when you appear suicidal. In addition, in an attempt to gain perspectives and ideas as to how best to help you reach your goals, I may meet with other professional spiritual directors regarding supervision for our sessions, but will not identify specific information being disclosed. Spiritual directors are also required

by law to report child abuse, child sexual abuse, elder abuse or intentions to harm self or others. If you have any questions or reservations about the policy in regard to confidentiality, then the policy should be discussed before signing below. By signing below you are accepting the confidentiality policy, its limits and exceptions.

Spiritual Direction Agreement

Following are the guidelines for a spiritual direction relationship:

1. It is understood that the relationship pertains to and concerns the spiritual life of the directee. It does not directly concern itself with psychological counseling, psychotherapy, or medical practice of any kind.
2. Each session will last 60 minutes, beginning at the mutually agreed upon time.
3. Notification should be given within twenty-four (24) hours if an appointment cannot be kept by either party. Without such notification, directee will make a payment for the usual fee at the next session.

I understand the above and agree to the terms set forth.

Directee Name (printed): _____

Directee Signature: _____

Date: ____/____/____