

Intake Questionnaire

In order to best serve you as a spiritual guide, and to help me understand where you are coming from on your spiritual journey, please provide as much information as you are comfortable sharing below. There are no wrong answers! Feel free to share with me any other information you feel may be useful. We will review this information together so I can best serve you and your spiritual needs.

The information you provide here, and in our sessions together, will be kept confidential, but please note there are instances in which spiritual directors are mandated reporters of child abuse, elder abuse, sexual and physical harm to self or others.

Name:

Telephone:

Email Address:

Street Address, City, State, Zip:

Preferred gender pronouns:

1. Have you been in spiritual direction or guidance in the past? If so, please feel free to share what helped you, and what didn't, in that relationship:

2. What are your expectations of spiritual direction?

3. How would you describe where you are at on your spiritual journey?

4. How do you understand your relationship with God/The Divine/Universe/Ground of All Being?
(answer if applicable to your spiritual journey)

5. Do you have any spiritual practices? Please describe:

6. How comfortable are you with silence (ie. contemplation, meditation)?

7. What do you need from me as your spiritual guide? How can I best serve you?

Confidentiality Information and Release

Information shared in spiritual guidance 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 you by name or in regards to specific information being disclosed. Spiritual directors are mandated 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.

Client Name (printed): _____

Client Signature: _____

Date: ____/____/____

Spiritual Guidance Agreement

Following are the guidelines for a spiritual guidance relationship:

- It is understood that the relationship pertains to and concerns the spiritual life of the client. It does not directly concern itself with psychological counseling, psychotherapy, or medical practice of any kind.
- To accommodate people with different income levels, I have a fee range of \$45-\$75 for each spiritual guidance appointment. I trust that clients who can afford the higher rate will pay at that level. I leave it up to you to decide what you can afford based on how you value the role of spiritual guidance in your life, and in consideration of your financial situation.
- Each session will last 55 minutes, beginning at the mutually agreed upon time.
- Notification should be given within twenty-four (24) hours if an appointment cannot be kept by either party. Without such notification, client will plan to make their fee for services as usual.
- Spiritual guidance may be discontinued at any time, by either party. Courtesy would require that advanced notice be given.
- An evaluation of the relationship may be made about every 6 months.

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

Client Name (printed): _____

Client Signature: _____

Date: ____/____/____