**Spiritual Direction – Intake**

**First Name: Last Name:**

**Pronouns: Gender Identification:** **Date of Birth:**

**Address:**

**City, State, Zip:**

**Email:**

**Primary Phone:** **Alternate Phone:**

**Emergency Contact Name:** **Emergency Contact Phone:**

**Briefly describe your spiritual/religious life and journey.**

**What, if any, are your prayer/contemplative practices?**

**What are the ways, if any, that you connect with God/the Sacred/Mystery/Universe/Wisdom/Truth?**

**What are some of the joys and challenges you have experienced in your spiritual or interior life?**

**Have you ever had a spiritual director, therapist, or life coach? If so, what led you into that relationship and what was your experience of it?**

**What would you hope to gain from spiritual direction over the next year?**

**What are any issues or concerns that you would like to explore in spiritual direction—if yes, briefly describe them.**

**Do you have any concerns about spiritual direction? If yes, what are they?**

**Do you or have you had any significant health (mental or physical) issues that you would like us to know about?**

**What activities do you enjoy doing in your free time? How often do you do them?**

**Are there or have there been any significant personal, professional, or family issues in your life that would be helpful for your spiritual director to know?**