

# Spiritual Direction Intake Form



Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

(Please circle any addresses, phone numbers or e-mails that you DO NOT want me using to reach you OR leaving a message. I do not want to compromise your confidentiality or create an uncomfortable situation.)

Are you Married? \_\_\_\_\_ For How Long? \_\_\_\_\_

Previous Marriages? (Him) \_\_\_\_\_ How Many? \_\_\_\_\_

(Her) \_\_\_\_\_ How Many? \_\_\_\_\_

Are your parents divorced? (Him): \_\_\_\_\_ How old were you? \_\_\_\_\_ (Her): \_\_\_\_\_

How old were you \_\_\_\_\_

Please give the following info for each person that currently lives in your home, including yourself:

Name	Relationship to Self
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are you currently taking any prescription psychiatric medications? \_\_\_\_\_

Doctor?	Drug?	Why?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any current or expected legal involvement?\_\_\_\_\_ If yes, please explain:\_\_\_\_\_

Are you currently under an order of protection?\_\_\_\_\_ If yes, please explain:\_\_\_\_\_

Who may we contact in the event of an emergency? Please mark your initials to give us permission to do this.\_\_\_\_\_

Name:\_\_\_\_\_

Relationship:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

1) What events/circumstances led you to seek individual care and direction?

2) In what areas of your life do you seemingly see God as being distant or absent?

3) In what areas of your life do you sense God most wants to speak to?

4) What have been a few of the most memorable moments (good and bad) that have shaped your life?

5) What are a few of the big obstacles in your life that continue to resurface?