

### Information About Client

Please fill out the form below, responding to all questions you are comfortable sharing. All information is held in confidence. Please treat the open-ended questions as opportunities for free form reflection. Your answers do not have to be well formulated or grammatically correct. If you do not want to submit the form through email, you may print it out and fax or mail it to the address on the letterhead.

Name

Street Address or P. O. Box

.....(Apartment Number)

City/State-Province/Zip

Country

E-mail Address

Web Site URL (if any)

Telephone # (include area code)

Place of Employment

Occupation

Birthdate

I am  Single  Married  Partner  Divorced  Separated  
 Widowed  Clergy  Religious

Religious practice/church affiliation:

What would you like to address in our sessions together? What is uppermost in your mind right now? Please explain below:

How much time do you give (on the average) to your inner life (e.g., prayer, meditation, journaling, silence, study, dream work, etc.)? Explain briefly below:

What is your previous experience with spiritual direction, coaching, counseling, therapy, or twelve-step programs? Are you currently engaged in any of these? Describe below:

Do you have a physical or psychological health problem I should know about? If so, please explain below, including if you take any medication or mood adjusters:

Listed below are some approaches to spiritual growth, which many have found helpful. Please check those you are familiar with and/or your desire to become familiar. Write comments about your experience or interest in the blank space.

Topic	Am Familiar	Want to Learn
Dream work	<input type="checkbox"/>	<input type="checkbox"/>
Enneagram	<input type="checkbox"/>	<input type="checkbox"/>
Prayer	<input type="checkbox"/>	<input type="checkbox"/>
Bio-spiritual Focusing	<input type="checkbox"/>	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>
Guided Imagery	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Spirituality	<input type="checkbox"/>	<input type="checkbox"/>
The Work (Byron Katie)	<input type="checkbox"/>	<input type="checkbox"/>
Existential Philosophy	<input type="checkbox"/>	<input type="checkbox"/>
12 Step Spirituality	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>