



SPIRITUAL DIRECTION QUESTIONNAIRE

Last Name: _____ First Name: _____ Date of Birth: _____

Please take time to answer these questions in brief prior to our first session.

1. Spiritual Direction involves a dialogue between the Directee (you), the Spiritual Director (me), and the Divine. We are all listening to one another in sacred conversation. Have you participated spiritual direction before? What did you find helpful/unhelpful?

2. Briefly list some hallmarks of your spiritual journey.

3. Do you have certain names for the Divine that you prefer using? (God, Mother God, Jesus, He, She, They, Holy One etc....) Are there any terms that feel uncomfortable?

4. In the past, where have you experienced the Divine most intimately?

5. What brings you to seek Spiritual Direction at this time?

6. Do you have any questions or concerns about spiritual direction in general?

7. **Financial Policy:** Our goal at Discovery Therapeutic Services, LLC is to provide you with **choices & flexibility** to meet your therapy/ spiritual/soul care needs. Our goal is to help you remove barriers to accessing services. We ask that you keep us apprised if paying for your sessions becomes a challenge. We are here to help. Spiritual Direction Sessions \$75/ session payable via cash, check or secured payment link. Generally, we meet once per month. Payment is due at time of service. _____ **Initial**

8. **Cancel/No Show Policy:** We understand that life happens. Please allow 24 hours notice should you need to cancel an appointment. If you fail to show or give adequate notice, a \$50 charge may be assessed to your account. _____ **Initial**

9. I have signed the Consent to Treat/HIPPA Receipt Agreement. _____ **Initial**