

St. Matthews Pastoral Counseling Center

3515 Grandview Avenue, Louisville, Kentucky 40207-3707

Phone: 502-893-9831 FAX: 502-896-0439

Personal Data for Spiritual Direction

INSTRUCTIONS: *This confidential information is for the use of your Spiritual Director. Please complete this form as you are able.*

General Information:

Name: _____ Date: _____

Email: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Phone Number: _____

Birthdate: _____ Age: _____

Pronouns (if you want to share): _____

Occupation: _____

Referred here by: _____

Generally, what days and times are good for you to meet? _____

Emergency Contact:

Name: _____

Phone Number: _____

Relationship to Emergency Contact: _____

Note about Emergency Contact: I will only contact your emergency contact if you miss an appointment without notifying me in advance, and I am unable to reach you within 48 hours.

Please briefly describe your spiritual journey (What traditions, touchstones of joy and challenge have you experienced?)

Please briefly describe any spiritual practices that are meaningful for you/ or any you would like to explore.

What led you to seek spiritual direction at this time?

Have you ever had a Spiritual Director?

What do you hope to gain from spiritual direction?

Please share anything about your mental, physical, or emotional health that you want me to know

St. Matthews Pastoral Counseling Center operates on a sliding scale system. *The following information will be utilized to calculate the fee per session for spiritual direction. See "Consent for Spiritual Direction" form for explanation of sliding scale.*

Employment Information:

Present Employer:

Annual Income:

Duties:

Spouses Employer:

Annual Income: _____

Duties: _____

Please summarize your previous employment history:
