

## Religious-Spiritual Client Intake

(Adapted from: Richards & Bergin (1997) *A Spiritual Strategy for Counseling and Psychotherapy*. Washington DC: American Psychological Association. p. 193)

1. Are religious or spiritual issues important in your life?    Yes    Somewhat    No
  2. Do you wish to discuss them in counseling when relevant?    Yes    No
  3. Do you believe in God or a Supreme Being?    Yes    No
  4. Do you believe you can experience spiritual guidance?    Yes    No
  5. What is your current religious affiliation? \_\_\_\_\_
  6. Are you committed to you religious affiliation and actively involved?    Yes    No
  7. What was your childhood religious affiliation (if any)? \_\_\_\_\_
  8. Would you like your counselor to consult with your religious leader if it appears this could be helpful to you?    Yes    No
  9. How important were religion or spiritual beliefs to you as a child and adolescent?  

Important    Somewhat Important    Unimportant
- Elaborate if you wish \_\_\_\_\_
10. Are you aware of any religious or spiritual resources in your life that could be used to help you overcome your struggles?    Yes    No  
If yes, would you like to list them? \_\_\_\_\_
  11. Do you believe that religious or spiritual influences have hurt you or contributed to some of your struggles?    Yes    No  
If yes, would you like to briefly list them? \_\_\_\_\_
  12. Would you like to consider religious or spiritual suggestions from your counselor if it appears that they could be helpful to you?    Yes    No

Client Signature \_\_\_\_\_ Date \_\_\_\_\_