

ST. PATRICK-ST. ANTHONY CHURCH
Franciscan Center for Urban Ministry

Spiritual Direction
Initial Interview

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Faith Community: _____

Referred by: _____ Date of Birth: _____

Preference for Director: Male Female Either

Times when you are available for sessions:

Morning Afternoon Evening

1. Please give a brief description of your background (family, work, community).
2. Please tell a bit about your relationship with God and present prayer experiences.
3. Have you had any previous experience with spiritual direction? What was helpful to you?
4. What are you seeking through spiritual direction at this time?

Interviewer: _____ Director: _____