## **Profile for Spiritual Direction**

Name		Email				
Addre	SS					
	(Stree					
	(City)		_,	(Zip Code)		
Home	Phone	Cell Phone				
Church Membership/Affiliation			Birth Date			
Numb	er and ages of spouse and children i	if any:				
1.	What would you like to gain from	spiritual direction?				
2.	Have you ever participated in spirit experience.	itual direction before? I	f so, please c	lescribe your		
3.	How often do you take time for pe some detail about your prayer time		rm does it ta	ke? Please give		
4.	Briefly describe your relationship	with God today.				

5.	moment. Take time to stagnant times and pe	r spiritual life, from as far back as you can recall right up to this to reflect on the highs and lows, the moments of breakthrough, priods of growth. You may continue on the back of this sheet or an see describe the ups and downs of your spiritual history.	
6.	Days and times most convenient for regular meetings with a director.		
7.	I understand that a spiritual director is a prayerful, listening friend, trained to assist me on my spiritual journey. Spiritual direction is not psychological counseling; therefore my spiritual director is not responsible for any issues I may have that require professional psychological services.		
Signed	1:	Date:	
Please	return this form to:	Lisa Harrell 821 Raymond Avenue, Suite #440 St. Paul, MN 55114 Phone: 651-587-3542 Email: lisa@lisaharrell.com	