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| **Spiritual Coach** |
| Rev. Diane Jeep Ries is an ordained Interfaith minister who honors all religions and spiritual beliefs as valid pathways that connect with Spiritual Source. |
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| **Definition of Spiritual Coaching** |
| Spiritual coaching is guiding another person through their spirituality, and using this spiritual perspective to deal with life issues in a positive and constructive way. Spirituality believes in a source greater than yourself, called by whatever name you feel comfortable. When a person feels disconnected from their spiritual self, spiritual coaching helps build a bridge between the separated self and the Divine Self. |
| Spiritual coaching helps people: • with life issues and relationships from a spiritual perspective • incorporate spirituality into their decision-making process • explore their concept of God and/or develop a meaningful prayer life • make a difference in their lives through a spiritual connection with the Universe.  There are several approaches used including but not limited to: one on one discussion/Reiki/Sound Healing/Shamanic Healing/Chakra Therapy/Ericksonian Hypnotherapy. |
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| **Goal of Spiritual Coaching** |
| The spiritual coach provides a safe and sacred setting. A spiritual coach remains open, receptive, compassionate and non-judgmental, supporting each client to look within, to recognize one’s true nature. It is the spiritual coach’s goal to remember that each person is already perfect, whole and complete. The goal is accomplished by remaining centered in this Universal Truth, knowing that we are all conduits for Spirit’s work. |
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| **Confidentiality** |
| All information discussed in each session is confidential with three exceptions: (1) when a client poses a danger to themselves or others, (2) when requested by a court of law, or (3) for purposes of professional supervision (in which case, your name and identifying information will not be used).  Please be advised that disclosure of child abuse or suicide attempts must be reported by law. |
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| **Fee Structure** per 50-minute session**: Individuals**: $105 -205. **Couples**: $210-295 **Family** TBD |
| **NOTE**: During the intervening time between sessions I am available for 1 or 2 brief (10-15 minute) telephone conferences or by email. Couples are expected to call simultaneously. |
| Full payment is due at the time of each session. Accepted forms of payment are: cash, PayPal (go to revjeep.com bottom of spiritual coaching page) or check payable to: **Transformative Services**.  Please note: Unfortunately, insurance companies do not cover spiritual coaching sessions. |
| **Cancellation Policy**: All cancellations require a 24-hour advance notification. Ten minutes grace into the appointment. After the ten minutes there is not enough time for a session. Client is responsible for full fee for missed or late session. Clients who are within the ten-minute grace period will be seen for the remainder of the 50-minute session, not to extend past the allotted time.  If the appointment is in NYC, and it is missed, then a room rental fee reimbursement is required. |
| **Please Print Clearly** |
| |  | | --- | | **WAIVER** | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | I, |  | | | | have read, understood, and agree to the terms | | | | | | | | and conditions set forth in this intake & information sheet and waiver form. | | | | | | | | | | | | | Signature: | | | |  | | | | | Date: | |  | | Name: | |  | | | | | | | | | | | Address: | | | |  | | City & Zip: | |  | | | | | E-mail: | | |  | | | | Phone: | | |  | | | |
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| **Career History** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date: |  | | | | Date of Birth: | | | |  | | | | | | Education Level Completed: | | | | High School/GED | |  | Tech. School | | |  | College (degree) | |  | | Grad/Prof School (degree) | | |  | | | | | | | | | | | | Current Profession/Employment: | | | |  | | | | Length of Time: | | | |  | | | Previous Profession/Employment: | | | |  | | | | Length of Time: | | | |  | | | Hobbies: | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |
| **Religious/Spiritual History** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Birth Religion: |  | | Were you raised in that religion? | | |  | | | What is your current relationship with your birth religion? | | | |  | | | | | Current Religion or Spiritual Path: | |  | | | Involved for how long? | |  | | Describe your relationship with God, as you understand God: | | | | | | | | |  | | | | | | | | | Describe your current prayer life and/or spiritual practice: | | | | | | | | |  | | | | | | | | |
| **Health History** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Health Problems: | | | | | | |  | | | | | | | Current Medications: | | |  | | | | Addictions: | | |  | | | |  | | | | | | | In Recovery? |  | Yes |  | No | | | If yes, how long clean/sober/abstinent etc? | | | | |  | | Have you had previous experience with psychotherapy and/or spiritual counseling? | | | | | | |  | | | | | | | Any other relevant health-related info or concerns?  Are you open to/familiar with healing modalities such as Reiki, Sound Healing, Chakra Therapy, Shamanic Healing, Ericksonian Hypnotherapy? Please write your thoughts. | | | | | | |  | | | | | | |
| Family History |
| Mother: |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Alive | (Age: | | | ) |  | | |  | | Deceased | | (Year: | ) | | | | Age at death: | | |  | | Cause of death: | | | |  | | | | | | | | | | | | | | | | | | |  | Married | |  | | | |  |  | | Divorced | |  | | |  |  | Remarried | | |  | | | (Stepparent: | | | | | | | | | | | | | | | | | | | ) | | | |
| Father: |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Alive | (Age: | | | ) |  | | |  | | Deceased | | (Year: | ) | | | | Age at death: | | |  | | Cause of death: | | | |  | | | | | | | | | | | | | | | | | | |  | Married | |  | | | |  |  | | Divorced | |  | | |  |  | Remarried | | |  | | | (Step parent: | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | | | | | | | | | | | | | | | | | | | | Describe your relationship with your parents: | | | | | | | | | | | | | | | | | | | | | | | Describe your relationship with your stepparents: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | List the names and ages of your siblings/stepsiblings in order of birth, including yourself. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Describe your relationship with your siblings and/or stepsiblings: | | | | | | | | | | | | | | | | | | | | | | |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Relationship History  Are you currently: Single | | | |  | Married | |  | If single, are you: Separated | | | | |  | Divorced | | |  | Widowed |  | | Remarried |  | Not involved with anyone | | | | | |  | Dating | |  | Seriously involved | | |  | Living with someone | | |  | | How do you identify? | | |  | | | | | | | | | | | | | | | | | | Your spouse/partner/significant other’s name: | | | | | | | | | |  | | | | | | | | | | | Length of time in the relationship: | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Describe your relationship with your spouse/partner/significant other: | | | | | | | | | | | | | | | | | | | | | Children and/or Stepchildren and Ages: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Describe your relationship with your children and/or stepchildren: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | If you are divorced, briefly describe the reasons for the divorce and describe your current relationship, if any, with your ex: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | If you have never been married, briefly describe any significant relationships you’ve had: | | | | | | | | | | | | | | | | | | | | | Do you feel, think or recall any trauma in your life?  As an aid in assessment, if you feel comfortable naming what that trauma has been or might be, please do so.  What do you hope to accomplish through spiritual coaching? What is your intention? | | | | | | | | | | | | | | | | | | | | |