

Holistic Enerqi 
Spiritual Direction
In-Person/Telehealth

Name _____ Email _____

Address _____

Home Phone _____ Cell Phone _____

Spiritual Membership/Affiliation _____

Please briefly describe your spiritual journey. (What traditions or experiences got you to this place? What are some of the joys and challenges you have experienced in your spiritual journey?)

Please briefly describe any spiritual rituals you practice.

Have you ever had a spiritual director? If so, what led you into that relationship and how was your experience?

What do you hope to gain from spiritual direction?

Do you have any concerns about spiritual direction? If so, what are they?

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

What activities do you enjoy doing in your free time?

Please share anything you want me to know about your personal relationships. (Family, friends, etc.)

Please share anything you want me to know about work you've done or subjects you've studied.

Days and times most convenient for meeting?

Emergency Contact Name/Number _____

Confidentiality

I value your privacy and will honor that privacy by keeping our spiritual direction sessions confidential. The exception to that confidentiality would be if you expressed that you had (or intend to) hurt yourself or someone else, especially an elder, a child, or person who depends on you or others for care. I follow mandated reporting guidelines that would require me to share that information with human services. Also, exception to confidentiality would be if I receive a subpoena issued from a judge or court, or when a directee waives privilege by bringing charges or filing a suit

Payment/Cancellation Policy

Sessions are 50 minutes for \$75. Payment must be paid before each session. We both commit to begin and end our sessions at the agreed-to time. To cancel or change your appointment, contact me at least 24 hours in advance. If you do not give me 24-hour notice, I will need to ask you to pay for the appointment time. All payment fees are to be completed for before the session is met.

Consent Agreement

Spiritual Direction is not a substitute for counseling. It is recommended that the directee see a licensed health care professional for any psychological concern they may be experiencing. Spiritual Direction is companionship. The director and directee come together to journey with Spirit. This may include integrating spiritual practices and understanding of what the directee shares of their spiritual life unfolding. The director listens and discerns with the directee through these experiences.

As part of my professional practice I sometimes consult with other spiritual directors through peer supervision. Your identity will never be revealed during this time. If you have any questions or concerns about this practice of supervision, please let me know and I will be happy to talk about it with you.

By signing this form, you acknowledge an understanding of everything presented in this document and agree to spiritual direction services with me under the terms listed in the document.

Signed: _____ Date: _____

Dr. LaTonya Zibi
2000 Massachusetts Avenue, Suite #4
Cambridge, MA 02140
Phone: 781.832.0166
Email: spirit.holisticenerqi@gmail.com