Spiritual Direction Consent Form

For Spiritual Direction with Ven. Dr. Pilar Gateman

My Contact into Name: Pilar Gate		Confidential cell: 403-634-8950 Timezone: Mountain Standard
_		s completely as you can.
Basic Conta	<u>ct Information</u>	<u>1</u>
*First Name :		*Last Name:
*Address:		
*City:		*State/Province:
*Zip/Postal Cod	le:	
*Country:	*Timezone:	
*Email Address	:	
*Phone:		
Which is your p	oreferred way to be	received communication?
Text	Email	Phone call
Birthdate:		
	Emergence	ey Information:
*Emergency Co	ntact:	
Name		Phone:
Are you curren	tly under a doctor's	care?YesNo
Share any details y	ou feel are relevant.	
•		e all the information necessary to contact
anyone from w	nom you are receivi	ing care?YesNo

Is there anything else I should know in case of an emergency?

Getting to know you

The following questions will give me a sense of who you are and where you are in your journey. Please answer as much as you are comfortable answering.

Do you have Children? (If yes, please list them, including names, & 3-4 words describing their personality)

Why are you seeking spiritual direction?

Would you write a short historical timeline of your life, places you've lived

- ... describe your relationship with your mother
- ...describe your relationship with your father
- ...describe your relationship with God. Is there a word picture that you can use to describe how you relate?

What else would you like me to know about you?

Fees and Payment

These can be found on my website. I am happy to discuss options for those with financial concerns.

Thank you for trusting me with this information.

This information will be kept strictly confidential. The <u>only exception</u> to this will be if you are in danger of causing harm to yourself, to me or someone else. In that case I will call your emergency contact or other emergency personnel as needed to best help you.