1. Client Screening Tool

1. Basic Information

Client Name: _____

Date: _____

Age: _____

Preferred language: ☐ English ☐ French

Contact information:

Address (Optional):

_____

_____

Email: _____

Phone/Cell: _____

2. Reason for Seeking Support

☐ Grief / loss

☐ Life transition (retirement, divorce, illness)

☐ Meaning / purpose questions

☐ Spiritual exploration (religious or non-religious)

☐ Coping with stress, anxiety, or low mood

☐ End of Life Care

☐ Other: _____

3. Expectations

☐ Listening / presence

☐ Emotional support

☐ Exploration of spirituality or values

☐ Guidance with meaning questions

☐ Other: _____

4. Mental Health & Safety Check

Are you currently seeing a doctor, therapist, or psychiatrist?

☐ Yes ☐ No

Have you ever been diagnosed with a mental health condition?

☐ Yes ☐ No If yes, please specify: _____

Are you currently taking prescribed medication for mental health?

☐ Yes ☐ No

In the past month, have you had thoughts of harming yourself or others?

☐ Yes ☐ No

5. Boundaries of Care

I understand that spiritual counselling is not psychotherapy, medical care, or crisis intervention. I agree to seek professional help if my needs go beyond spiritual support.

☐ Yes, I understand and agree

☐ No, I am not sure

6. Initial Impression (For Provider Use Only)

Client's main needs appear to be:

☐ Spiritual care (appropriate for sessions)

☐ Mental health concerns beyond scope → Referral recommended

☐ Crisis situation → Refer immediately to emergency services

Decision:

☐ Accept for spiritual care

☐ Accept with caution (monitor closely)

☐ Refer to another professional

Signature (Provider): _____ Date: _____