

Spiritual Care Plan

Client Name	Click here to enter text.
Date of Assessment	Click here to enter a date.
Completed By	Click here to enter text.
Additions By (Date)	Click here to enter text. Click here to enter a date.

Spiritual History (select all that apply)

Part I: General History			
<input type="checkbox"/> Addictions	Click here to enter text.		
<input type="checkbox"/> Mental Illness	Click here to enter text.		
<input type="checkbox"/> Abuse	Click here to enter text.		
<input type="checkbox"/> Major Loss	Click here to enter text.		
<input type="checkbox"/> Current Crisis	Click here to enter text.		
<input type="checkbox"/> Other	Click here to enter text.		
Part II: Spiritual History (4C's)			
How does the client feel about <u>coming</u> here?	<input type="checkbox"/> Angry	<input type="checkbox"/> Determined	<input type="checkbox"/> Helpless/Vulnerable
	<input type="checkbox"/> Happy	<input type="checkbox"/> Frustrated	<input type="checkbox"/> Lonely
	<input type="checkbox"/> Guilty	<input type="checkbox"/> Grief/Sadness	<input type="checkbox"/> Overwhelmed
	<input type="checkbox"/> Confused	<input type="checkbox"/> Betrayed/Rejected	<input type="checkbox"/> Peaceful
	<input type="checkbox"/> Defeated	<input type="checkbox"/> Anxious/Scared	<input type="checkbox"/> Click here to enter text.
	<input type="checkbox"/> Suffering	<input type="checkbox"/> Restless	<input type="checkbox"/> Click here to enter text.
How is the client <u>coping</u> ? (Identify methods of coping?)	<input type="checkbox"/> Well	<input type="checkbox"/> Using Drugs/Alcohol	<input type="checkbox"/> Distraction techniques
	<input type="checkbox"/> Not Well	<input type="checkbox"/> Seeking God	<input type="checkbox"/> Exercise
	<input type="checkbox"/> Support group	<input type="checkbox"/> Searching for meaning	<input type="checkbox"/> Running away
	<input type="checkbox"/> Self-harm medication	<input type="checkbox"/> Avoiding/Denying	<input type="checkbox"/> Professional support
	<input type="checkbox"/> Isolating Self	<input type="checkbox"/> Cultural traditions	<input type="checkbox"/> Click here to enter text.
	<input type="checkbox"/> Spending time with friends/family	<input type="checkbox"/> Click here to enter text.	<input type="checkbox"/> Click here to enter text.
What are the client's sources of <u>comfort</u> ?	<input type="checkbox"/> Family	<input type="checkbox"/> Prayer/meditation	<input type="checkbox"/> Going to Special places
	<input type="checkbox"/> Friends	<input type="checkbox"/> Scripture Reading	<input type="checkbox"/> Physical intimacy/Sex
	<input type="checkbox"/> Support person	<input type="checkbox"/> Spiritual rituals	<input type="checkbox"/> Music (listen, play, sing)
	<input type="checkbox"/> Daily routines	<input type="checkbox"/> Traditions/culture	<input type="checkbox"/> None
	<input type="checkbox"/> Hobbies	<input type="checkbox"/> Food	<input type="checkbox"/> Click here to enter text.
What is the client's <u>community</u> of support?	<input type="checkbox"/> None	<input type="checkbox"/> Friends, Neighbours	
	<input type="checkbox"/> Regular Church Family	<input type="checkbox"/> Support Group or Counselor (eg. AA, CMHA)	
	<input type="checkbox"/> Loose Connection to Faith Community	<input type="checkbox"/> Prefer to do own thing spiritually	
	<input type="checkbox"/> No longer connected	<input type="checkbox"/> Click here to enter text.	
	<input type="checkbox"/> No desire to connect	<input type="checkbox"/> Click here to enter text.	

Spiritual Care Plan

Spiritual Assessment (select all that apply)

<input type="checkbox"/> Spiritual exploration or questioning (purpose, meaning)	<input type="checkbox"/> Sense of failing to meet life milestones (marriage, children, employment, etc.)	<input type="checkbox"/> Persistent negative feelings (anger, depression, suicide, etc.)
<input type="checkbox"/> Sense of spiritual oppression	<input type="checkbox"/> Feelings of guilt, shame, fear or anxiety	<input type="checkbox"/> Repeated setbacks in meeting goals
<input type="checkbox"/> Sense of spiritual abandonment or isolation	<input type="checkbox"/> Sense of circumstances as divine punishment	<input type="checkbox"/> Persistent relationship conflicts or issues
<input type="checkbox"/> Pain or suffering not alleviated by treatment	<input type="checkbox"/> Potentially life threatening or life altering situation	<input type="checkbox"/> Bereavement, grief or loss
<input type="checkbox"/> Relationship breakdown	<input type="checkbox"/> Regular pastoral support	<input type="checkbox"/> Religious ritual or ceremony
Comments:	Click here to enter text.	

Spiritual Care Interventions (select all that apply)

<input type="checkbox"/> Relationship building	Click here to enter text.
<input type="checkbox"/> Establish contact schedule (phone, visit, hallway, etc.)	Click here to enter text.
<input type="checkbox"/> Prayer and/or scripture readings	Click here to enter text.
<input type="checkbox"/> Identify spiritual strengths and gifts	Click here to enter text.
<input type="checkbox"/> Exploration of spiritual issues	Click here to enter text.
<input type="checkbox"/> Long-term support for spiritual issues	Click here to enter text.
<input type="checkbox"/> Referral to outside agency or faith group	Click here to enter text.
<input type="checkbox"/> Ritual or ceremony performed	Click here to enter text.

Spiritual Care Goals & Outcomes (select all that apply)

Goals	Outcomes
<input type="checkbox"/> Client receives salvation in Christ	Click here to enter text.
<input type="checkbox"/> Client expresses a sense of freedom or release from burdens	Click here to enter text.
<input type="checkbox"/> Client experiences healing/forgiveness	Click here to enter text.
<input type="checkbox"/> Client expresses a sense of strengthened faith or closeness to/intimacy with God	Click here to enter text.
<input type="checkbox"/> Client expresses forgiveness of others	Click here to enter text.
<input type="checkbox"/> Client identifies a sense of purpose or meaning from circumstances	Click here to enter text.
<input type="checkbox"/> Client expresses a sense of hopefulness	Click here to enter text.
<input type="checkbox"/> Client identifies restored relationships	Click here to enter text.
<input type="checkbox"/> Client expresses acceptance of losses	Click here to enter text.
<input type="checkbox"/> Client identifies personal tools or resources to meet challenges	Click here to enter text.
<input type="checkbox"/> Client is involved in rituals or ceremonies	Click here to enter text.
<input type="checkbox"/> Client is connected to a faith community	Click here to enter text.
<input type="checkbox"/> Click here to enter text.	Click here to enter text.

Spiritual Care Plan**Spiritual Care Progress Notes**

Date	Initials	Notes
Click here to enter a date.	Click here to enter text.	Click here to enter text.
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