# **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										
☐ Addictions		Click here to enter text.								
☐ Mental IIIn	ess	Click here to e	nter t	ext.						
☐ Abuse		Click here to e	nter t	ext.						
☐ Major Loss		Click here to enter text.								
☐ Current Crisis		Click here to enter text.								
☐ Other		Click here to enter text.								
Part II: Spiritua	l His	tory (4C's)				1				
		Angry 🗆 D		Dete	Determined [			☐ Helpless/Vulnerable		
How does the		Нарру			trated		Lonely			
	ient feel Guilty G			Grief/Sadness		<ul><li>Overwhelmed</li></ul>				
about <u>coming</u> here?		Confused   Bet			yed/Rejected		] Peaceful			
nerer		Defeated		Anxi	ous/Scared		Cl	ick here to enter text.		
		Suffering		Restl	ess		Cl	ick here to enter text.		
		Well	,		Using Drugs/Alcohol			Distraction techniques		
How is the		Not Well			Seeking God			Exercise		
client coping? (Identify methods of coping?)		Support group			☐ Searching for meaning			Running away		
		Self-harm			☐ Avoiding/Denying			Professional support		
		medication			☐ Cultural traditions			Click here to enter text.		
		Isolating Self			☐ Spending time with friends/family			Click here to enter text.		
What are the		Family			Prayer/meditation			Going to Special places		
client's sources of comfort?		Friends			☐ Scripture Reading			Physical intimacy/Sex		
		Support person			·			Music (listen, play, sing)		
		Daily routines			☐ Traditions/culture			None		
		Hobbies			Food			Click here to enter text.		
		None			☐ Friends, Neighbours					
What is the client's community of support?		Regular Church Family			☐ Support Group or Counselor (eg. AA, CMHA)					
		Loose Connection to Faith Community			☐ Prefer to do own thing spiritually					
		No longer connected			☐ Click here to enter text.					
		No desire to connect			☐ Click here to enter text.					

# **Spiritual Care Plan**

## Spiritual Assessment (select all that apply)

	Spiritual exploration or	☐ Sense	of failing to meet life		Persistent negative feelings	
questioning (purpose,		milestones (marriage,			(anger, depression, suicide,	
	meaning)		children, employment, etc.)		etc.)	
	Sense of spiritual oppression		ngs of guilt, shame, fear		Repeated setbacks in meeting	
		or anxiety			goals	
	Sense of spiritual abandonment or isolation	<del></del>	of circumstances as		Persistent relationship conflicts or issues	
	Pain or suffering not alleviated		divine punishment  Dotentially life threatening or		Bereavement, grief or loss	
	by treatment	life altering situation			bereavement, grief of 1033	
	Relationship breakdown	Regular pastoral support			Religious ritual or ceremony	
Click here to enter text.  Comments:		ext.		•		
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	ritual Care Interventions (selec	ct all that af	Click here to enter te	v+		
	Relationship building	a a sa a satata				
	<ul><li>Establish contact schedule (phone, visit, hallway, etc.)</li></ul>		Click here to enter te	XT.		
	Prayer and/or scripture readi	ngs	Click here to enter text.			
	Identify spiritual strengths an	d gifts	Click here to enter text.			
			Click here to enter text.			
	☐ Long-term support for spiritual issues		Click here to enter text.			
☐ Referral to outside agency or faith group		Click here to enter text.				
ш						
	Ritual or ceremony performed	d	Click here to enter te	xt.		
		d	Click here to enter te	xt.		
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Spir	Ritual or ceremony performed				tcomes	
Spin	Ritual or ceremony performed ritual Care Goals & Outcomes	(select all th		Out	icomes	
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# **Spiritual Care Plan**

## **Spiritual Care Progress Notes**

Date	Initials	Notes
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