

Hindu Spiritual Wellness Counseling Assessment

Personal Information

Full Name

Date

Age

Gender

Contact Information

Spiritual Background

Describe your current spiritual or religious practices (e.g., puja, meditation, yoga, chanting).

Frequency of practice

Which Hindu traditions or philosophies resonate with you most?

Current Concerns or Goals

What brings you to counseling?

Please list your primary wellness/spiritual goals.

Assessment of Well-being (Rate 1-5)

Physical Well-being

Mental/Emotional Well-being

Spiritual Well-being

Social/Relationships Well-being

Cultural & Spiritual Practices

Describe any festivals or rituals important to you.

How comfortable are you with your current level of spiritual knowledge and connection?

Support System

Who are your primary sources of support?

Are you involved in a spiritual or religious community?

Additional Notes