1981 E Palmer-Wasilla Hwy, Suite 220, Wasilla, AK 99654 Phone: (907) 357-6513 | Fax: (907) 357-6514

Please fill each field as *clearly and detailed* as possible, email it to <u>Receptionist@OliveTreeCounseling.com</u>, and wait for a callback/response for further instructions. *Please note: This form does NOT imply or guarantee an appointment.

Full Name:		Phone			
Date:	Email:		Confidential \	/oicemail? □YES	□NO
1.	Before proceeding, understand th ☐ Medicaid, Medicare, & Denali Kid ☐ Insurance	d Care are not accepted.			
	☐ Informed we are faith-based (Church attendance/membership not required)				
	☐ Understand Costs: \$350.00/In *Feel free to ask about our 20% dis	,		r sessions	
2.	Who is the appointment for? If minor: Full custody?				
3.	All related concerns prompting y	you to seek counseling:			
					-
1	a. Do you prefer a Male or l Your availability:			☐ EITHER	
٦.	Tour availability.				
5.	On-site or Telehealth appointmen	nts preferred? □ ON-SITE	☐ TELEHEALTH	☐ EITHER	
6	Additional comments (ontional):				