



Olive Tree Counseling, Inc.

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Phone: (907) 357-6513

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Fax: (907) 357-6514

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

Your Name

Phone

Date

Yes

No

Email

Confidential Voicemail?

Before proceeding, please acknowledge the following:

We do not bill Medicaid, Medicare, or Denali Kid Care.

Your Insurance Information:

We are faith-based (*church membership/attendance are not necessary to receive treatment*).

Understand Costs: \$350/Initial assessment, \$200/hour (*Self-pay discounts available*).

Minors:

*Please be aware, if you are seeking therapy for a minor, you will need authorization from both parents. If you have shared custody, proof of custody and written authorization from all legal guardians are required with the intake paperwork.

Yes

No

Child's Name

Full Custody?

Child's Age

Your concerns prompting you to seek therapy:

Male

Female

Either

Do you prefer a male or female therapist?

In-person

Virtual

Either

Do you prefer in-person or virtual appointments?

Your schedule:

*Please describe your availability and preferred appointment time/days.

We cannot guarantee your preferred appointment slot will be available, so please try to be flexible.