



# Olive Tree Counseling, Inc.

1981 E Palmer-Wasilla Hwy, Suite 220, Wasilla, AK 99654

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Please fill each field as *clearly and detailed* as possible, email it to [Receptionist@OliveTreeCounseling.com](mailto:Receptionist@OliveTreeCounseling.com), 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 Voicemail?**  **YES**  **NO**

1. Before proceeding, understand the following information:

Medicaid, Medicare, & Denali Kid Care are not accepted.

Insurance \_\_\_\_\_

Informed we are faith-based (Church attendance/membership not required)

Understand Costs: \$350.00/Initial assessment (one time), \$200/hr., \$160/45 mins., \$100/30 mins., 20% self-pay, out-of-pocket discount on all services.

2. Who is the appointment for? \_\_\_\_\_

**If minor:** Full custody?  **YES**  **NO** (Must bring proof of custody & written approval from BOTH parents)

Comments: \_\_\_\_\_

3. All related concerns prompting you to seek counseling: \_\_\_\_\_

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\_\_\_\_\_

a. Do you prefer a Male or Female counselor?  **MALE**  **FEMALE**  **EITHER**

4. Your availability: \_\_\_\_\_

5. On-site or Telehealth appointments preferred?  **ON-SITE**  **TELEHEALTH**  **EITHER**

6. Additional comments (optional):