



Name: \_\_\_\_\_

Date:

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

E:mail \_\_\_\_\_

DOB \_\_\_\_\_ F / M

Occupation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Nature of appointment:

Currently in Counseling? Or Previous?

Psychiatric Hospitalization? Y or N

Currently experiencing suicidal thoughts? Y or N

I have attempted suicide or self-harm in the past. Y or N

List All Medications, dose, length of time on each (use back of page if needed)

Gina will confirm your appointment once the offering and waiver are received. If you're not in the Nashville area, appointments are via zoom or FaceTime. **\$122.00** offering is requested. If ongoing sessions are needed, payment options will be discussed at that time. Please use the tithe app and choose the drop-down arrow "Counseling" Other payments are accepted. Tithe is preferred. Payment and waiver must be received 24 hours prior to appointment, No refunds and a 48 hour cancellation or reschedule is needed.

\*I hereby Release, Truth-N-Love Ministries, TWATW, Pastors Brian and Gina Guy-Warren and all staff from personal and corporate liability or responsibility for any present or future claims from myself, heirs or assigns.\* I release them from all liability for any personal or psychological injury. I understand it's my decision to consult my personal physician if I so choose. \* I release them from liability and responsibility in relation to the disclosure of information of personal/confidential nature, now, and in the future

Signature: (Print)

Sign:

