

Introduction to your experience.

Our sessions begin with establishing a "safe place" in which it becomes easy to encounter the healing presence of Jesus. At Emerald Pathways, I provide a unique approach to counseling by inviting Jesus into the conversation through prayer. We are all hardwired to hear the voice of God and when you find this to be true for yourself, you feel known, loved and understood. You can receive from Jesus in a way that touches your spirit, going past all the accusations you have been believing about yourself and others. Let's journey together towards healing and wholeness in a faith-filled way.

Please read and acknowledge the following:

I understand that services may include interviews and assessments. I understand that there are no guarantees regarding what I will experience during counseling. Treatment outcomes vary and may not meet my expectations. I understand that Terry is a biblical counselor and not licensed by the state of Indiana.

I understand that payment of \$75 for services is due when I book an appointment. I understand that Emerald Pathways does not bill insurance.

If you must postpone your appointment, I ask for 24 hours notice. Your payment will be applied to your next appointment. If there is no notification it will be at Terry's discretion concerning future sessions together.

Filling out and submitting this form will be considered an agreement to the above statements.

Signature: _____

Counselee's name: _____

Street Address: _____

City, State, Zip Code _____

Cell Ph# _____ Email _____

Your reason or hope in coming for counseling is:

Have you been to other counselors? _____

If so, what did you find to be helpful? _____

What was not helpful? _____

Are you coming of your own free will? _____

Counselor's name: _____

Legal Guardian if different from the counselee: _____

By checking this box, I confirm that I have read, understood, and agree to the terms outlined in this form.