



Personal Information

Date: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell: _____ Birth: ___/___/___ E-mail: _____

Emergency Contact: _____ Name: _____

Employment: _____ Work Phone: _____

Marital Status: Married: _____ Single: _____ Divorced: _____ Widowed: _____

Previously Married? _____ How many times: _____

Children's Names:	Boys	List ages please	Girls
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Church Membership: _____

How did you learn about Crossing Over: _____

Briefly let the counselor know what has led you here: _____

Please continue on back of page

Does the counselor have permission to send letters to your home and leave a message on your answering machine? Yes: _____ No: _____

CLIENT/COUNSELOR CONFIDENTIALITY CLAUSE

As a client in order to protect myself and the counselor, I am signing this confidentiality clause for Crossing Over. I understand that David Abernathy is already under a mandate to keep strictly confidential the things I say to him unless one of the following applies:

1. If I share with him any illegal information.
2. If there is reason that I would harm myself.
3. If I go to the doctor for a reason he has my permission to share profile results with that doctor as I request him to.
4. If I have been sent here by a minister, he can give a brief update unless I specify him not to.

I recognize this clause holds me accountable not to go from here and share information though the community. It may be some people will think Crossing Over is spreading this information and it will harm this ministry. I will honor this so the reputation of Crossing Over, and my reputation will be protected.

By signing this I agree to pay the first time session fee of \$75.00 then \$50.00 per session thereafter. I agree to pay half a session if I don't give a 24 hour notice of cancelation of my appointment when this need arises.

Also by signing this I acknowledge if I don't give 24 hour notification of cancellation I will pay a half session fee of \$25.00

Signed: _____ Date: _____