

**Rev. Russell Elleven, DMin
Grief Support & Education
www.WholisticEd.org
Information Form**

NAME: _____

DATE: _____

ADDRESS: _____

BEST PHONE NUMBER: _____

REFERRED BY: _____

PLEASE BRIEFLY DESCRIBE YOUR LOSS: _____

DO YOU CURRENTLY SEE A THERAPIST: Yes _____ No _____

PLEASE NOTE: As a grief support specialist, I do not engage in psychotherapy. I offer pastoral support as a legitimately ordained Unitarian Universalist minister with a doctoral degree emphasizing pastoral care. Because of this, insurance does not cover my services. I will provide a referral to therapy if it is deemed necessary.

FEES: Fees for educational consultation and/or pastoral support are posted on my website. Fees should be paid in advance of appointment. Please do not hesitate to ask any questions about fees.

CANCELLATIONS: There is no fee for cancellations if 24 hours advanced notice is given. Otherwise, the client will be responsible for the fee.

CONFIDENTIALITY: All of our conversations, and any notes I take, will be strictly confidential. I will not share any of your any information without your consent. However, if I believe you will harm yourself or someone else, I must report to the proper authorities.

PRINTED NAME: _____

SIGNATURE: _____