

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

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BEST PHONE NUMBER: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

PLEASE BRIEFLY DESCRIBE YOUR SITUATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU CURRENTLY SEE A THERAPIST: Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE NOTE:** 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 you desire or it is deemed necessary.

**FEES:** Fees for pastoral support and/or educational consultation 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 cancelations 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, or you plan to (or have committed) a serious crime, I must report to the proper authorities.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_