

We operate on a first come first served basis based on who faxes this completed form to our offices—so please fax this form quickly to us to secure your dates!



Christway Counseling Center, P.C.
Professional Christian Counseling

723 Cherrybark Ln. / Houston, Texas / 77079-3701
Phone (832) 358-0900 / Fax (832) 358-0955
Email: terry@christwaycounseling.com / www.christwaycounseling.com

SCHEDULING FORM ACCELERATED MARRIAGE COUNSELING (AMC)

Counseling Dates and Times Desired: _____

Husband: _____ / _____ / _____
(Last) (First) (Middle)

Address: _____ / _____ / _____ / _____
(Street) (City) (State) (Zip Code)

His : Cell: (____) _____ Fax: (____) _____
Work: (____) _____
Home: (____) _____ Email: (____) _____

Wife: _____ / _____ / _____
(Last) (First) (Middle)

Her: Cell: (____) _____ Fax: (____) _____
Work: (____) _____
Home: (____) _____ Email: (____) _____

CANCELLATION & NO SHOW POLICY

Our counseling / coaching approach is different than many therapists who work with many clients in short increments of time (i.e. 45 minutes). We take only a select few clients at a time and give them very thorough and intensive treatment. Usually there is a therapeutic reason for scheduling your appointments when we do in order to maximize full use of assignments given. Our approach is highly successful, but it requires tremendous commitment. Priority is given to those make keep and are on time for multiple appointments.

When you schedule your appointment, we guarantee that time for you and turn down other potential clients during that time—often referring them out. We ask you for the same commitment. **Unfortunately, we do make tentative appointment.** Because most of our counseling / coaching involves multiple hour sessions (with only 4 or 5 clients) we strongly enforce the following cancellation policy.

FOR 2-DAY and 3-DAY AMC'S WE STRONGLY ENFORCE A NO CANCELLATION POLICY -- WITHOUT EXCEPTION—INCLUDING EMERGENCIES. THAT MEANS THAT YOU PAY FOR ½ THE COUNSELING AT THE TIME OF SCHEDULING AND THE BALANCE AT THE END OF THE AMC. THERE IS NO REFUND FOR CANCELLATIONS OR NO SHOWS FOR ANY REASON—INCLUDING EMERGENCIES. IF YOU DO NOT SHOW OR CANCEL YOU WILL BE CHARGED THE FULL AMOUNT.

FOR 3-HR INITIAL EVALUATION WE STRONGLY ENFORCE A 48-HOUR CANCELLATION POLICY INCLUDING EMERGENCIES.

Payment Agreement. I understand and agree to the above payment policy including the cancellation policy, I am fully aware that my credit card will be charged for any and all cancellations as described in this contract.

Man's Signature: _____ Date: _____

Woman's Signature: _____ Date: _____

Master Card or Visa ONLY – CIRLE WHICH (NOTE: we do not accept American Express or Discover)

Credit Card Number: _____ Expiration Date: _____

Exact Name on Card: _____ 3 Digit # on back of card (last 3): _____

Address that Credit Card Co. sends your bill to:

Street Address: _____

City: _____ State: _____ Zip Code: _____