



COVER PAGE

APPOINTMENT INFORMATION	
DAY	_____
DATE	_____
TIME	_____
MD/CLINICIAN	_____

We are very pleased that you have chosen Christian Healthcare Counseling Center. Our goal is to provide you with excellent care and we look forward to meeting you. To make your appointment as convenient as possible, we ask that you complete this packet in its entirety prior to your appointment. Please date the paperwork for the date of your appointment.

We understand that situations do arise that require you to cancel your appointment; we ask that you provide us at least 48 hours notice for cancellations. **Please note that it may be difficult for the center to reschedule your appointment after a cancellation has been made.** The center reserves the right to charge a \$25 fee for missed/cancelled appointments that are not within the 48 hour time frame.

Please call the Counseling Center if you need assistance.
We can be reached at 201-848-5800.

Christian Health Care Counseling Center
Building 2
1st Floor
301 Sicomac Avenue
Wyckoff, NJ 07481

DIRECTIONS TO THE CENTER

FROM ROUTE 208 NORTH: Take the Cedar Hill Avenue exit. Make the first left. Pass a shopping center on your right. At the stop sign turn right onto Sicomac Avenue. Make the left into the entrance to the Christian Health Care Center. Drive up and make the first left you can make. Please park in the small parking lot directly in front of the building and enter the front door.

FROM ROUTE 208: Take the Cedar Hill Avenue exit. Proceed to stop sign and make a left. At the next stop sign make a right onto Sicomac Avenue. Make a left into the entrance to The Christian Health Care Center. Drive up and make the first left you can make. Please park in the small parking lot directly in front of the building and enter through the front door.