



True Connections

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210-481-8335

CARE AND TREATMENT CONSENT FORM

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law:

- Suspicion of abuse or neglect to children or elderly.
- Client threatens to harm self or others.
- If I am legally compelled to testify in court and release any verbal testimony or written documentation.
- If consent is received to disclose any verbal testimony or written documentation to a third party.

Fees & Cancellations

Clients are expected to pay the standard fee at the onset of each session unless other arrangements have been made. If your account is overdue (unpaid) and there is no written agreement on a payment plan, I reserve the right to use legal or other means (courts, collection agencies, etc.) to obtain payment.

If a cancellation is inevitable, please inform the office 24 hours in advance by leaving a message at (210) 481-8335.

I have read the Care and Treatment Consent form and agree to enter the counseling and treatment process.

Client or Guardian (Print Name)

Signature

Date

Counselor

Signature

Date

Intake Form

Name: _____ Date: _____

Age: _____ Gender: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____ Email: _____

Race/Ethnicity: _____ Religion/Spirituality: _____

Occupation: _____ Place of Employment: _____

Marital Status: _____ Referred by: _____

May we leave a message if needed: Yes _____ No _____

1. What brings you to counseling at this time:

2. Current medications:

3. History of drug use: (age; amount used; length of time used)

AGE	AMOUNT USED	LENGTH OF TIME USED
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_____	_____	_____
_____	_____	_____
_____	_____	_____

4. How has your relationship with family/significant other been affected by your substance use?

5. How has your chemical use affected the relationship with your children?

6. Does anyone in your immediate family have a problem with substances?

7. Past/present major illnesses or injuries:

8. History of mental health of self and family (include counseling, psychiatrists, psychologists, school counselors, hospitalizations, drug/alcohol rehabilitation experiences):

9. Personal history (include spouse, siblings, parents, children, significant childhood experiences and memories, current relationships, significant life changes, etc):

10. History of sexual, physical, or emotional abuse witnessed or experienced (self and/or family members):

11. History of and current legal issues:

12. Other relevant issues:

Emergency Contact Information:

Name: _____

Relationship to you: _____ Phone: _____