

SUNRISE COUNSELING CENTER
1800 NE Loop 410, Suite 216
San Antonio, Texas 78217

Client's name _____ Date of Birth _____

Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Social Security Number _____

Spouse's name if married _____ Children (age,sex) _____

Why do you seek counseling at this time? _____

What is your method of payment? Cash? Insurance? EAP?

If insured, Name of Insurance Company _____

Claim address and phone number _____

Number of sessions allowed, if known? _____ Co-pay amt _____

CONSENT TO TREATMENT

Clinicians at Sunrise Counseling Center work independently of each other. Professional counseling services are rendered on a fee for service basis. Your fee will be determined by the contract rate of your insurance carrier. If you do not have insurance coverage, the fee will be set by the clinician. The counseling services provided to you will be determined by your specific need. Marriage, Family, and Individual services are offered by each clinician and the techniques used to achieve clinical goals will be determined by you and the therapist. She will advise you of the techniques she believes will be the most helpful to you. You will be provided with options on ways to handle the problem for which you are seeking treatment.

I have read the above statement and understand and agree to its terms.

Signature

Date