



DOWNEY PARK
COUNSELING ASSOCIATES

EST. 1977

Date _____

Patient: _____ DOB: _____

Address: _____ City: _____ State _____ Zip: _____

(Circle all that apply) Male or Female Single / Married / Widowed / Separated / Divorced

(CIRCLE PRIMARY NUMBER TO CALL)

Cell #: _____ Home #: _____ Work#: _____

Email: _____ Is it okay to send email, mail & leave messages ? _____

Employed By: _____

Briefly state the problem which brings you into counseling at this time: _____

Financially Responsible Party (If patient is a minor, Parents name)

Name: _____ DOB: _____

Address: _____ City: _____ State _____ Zip: _____

(circle all that apply) Male or Female Single / Married / Widowed / Separated / Divorced

(CIRCLE PRIMARY NUMBER TO CALL)

Cell #: _____ Home #: _____ Work#: _____

Email: _____ Is it okay to send email, mail & leave messages ? _____

Employed By: _____

Spouses Name (or if patient is a minor, other Parents name)

name): _____ DOB: _____

Address: _____ City: _____ State _____ Zip: _____

(CIRCLE PRIMARY NUMBER TO CALL)

Cell #: _____ Home #: _____ Work#: _____

Email: _____ Is it okay to send email, mail & leave messages ? _____

Employed By: _____

Children:

Step child?

Name: _____ Y N DOB: _____ Age: _____

In case of an emergency, who should be notified? _____

Emergency contact #: _____ Relationship: _____

Primary Care Physician: _____ Did he or she refer you ? YES NO

How did you learn of our practice? _____

☺PLEASE READ & SIGN BACK OF PAGE☺



**DOWNEY PARK
COUNSELING ASSOCIATES**

EST. 1977

OFFICE POLICY

Thank you for contacting our office for counseling services. Listed below are some of our office policies. Feel free to ask any staff person or a receptionist if you would like further clarification or would like more information. We look forward to working with you!

APPOINTMENTS: When appointments are scheduled, that time is reserved for you. Each session is generally 45 to 50 minutes in length.

Payment for your session is expected prior to each visit. The office accepts cash, checks, MasterCard and Visa. Please make checks payable to Chris Oneth (Except Wess Ferguson's client – payable to Wess Ferguson)

CANCELLATIONS: In the event you are unable to keep your appointment, please notify the office at least 24 hours in advance and there will be no charge.

For sessions not canceled according to these guidelines, you will be responsible for the full fee.

RETURNED CHECKS: There will be a \$20.00 service charge for all returned checks.

PHONE CONSULTATIONS: If due to extenuating circumstances phone consultations during regular business hours are necessary, you will be billed at your usual session fee. Phone consultations must be prearranged with your therapist.

EMERGENCY CARE: In the event of a crisis or emergency call Doctors Behavioral Center 24 hours a day at 558-4600 or walk in at 1501 Claus Road in Modesto.

I (we) have read and understand the above office policy.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

**CONSENT FOR EVALUATION AND/OR TREATMENT
OF CHILD OR ADOLESCENT**

As parent(s) or legal guardian(s), I request and authorize Licensed Marriage & Family Therapist



DOWNEY PARK
COUNSELING ASSOCIATES

EST. 1977

_____ to evaluate and treat the following child:

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

THANK YOU!