

Pat Schanz, M. Ed.

National Board Certified

Licensed Professional Counselor



Phone 940-453-8700
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8700 US Highway 380
Suite 505
Crossroads, TX 76227

Information Form

client name _____ birth date _____
address _____ city _____ zip _____
phone _____ email _____
employer _____ work phone _____
in case of emergency, notify _____ phone _____

person responsible for payment if not the client _____
birth date _____ relation to client _____
address _____
phone _____ email _____
employer _____ work phone _____

Professional services are rendered and charged to the responsible party, not to the insurance carrier. All clients are expected to pay all fees as services are rendered. Insurance will not pay for services until all deductibles have been met.

Insurance company _____
ID # including alpha prefix _____ group # _____

You may schedule an appointment by calling the office number. There is no receptionist, so you may need to leave a message. I will return your call promptly. **In the event of an emergency, call 911 or go to the nearest emergency room.**

Cancellation of an appointment requires 24 hour notice. You will be charged the full session rate if you do not call ahead to cancel. Insurance will not pay for missed appointments. You will be fully responsible for payment.

Client Information

Has the client been helped in counseling previously? _____ When _____

Name of previous counselor _____ Phone _____

What was the reason for this counseling?

Is the client currently seeing another counselor/therapist? _____ Name _____

Phone _____ Reason _____

Is the client under the care of a medical doctor or psychiatrist? _____ Name _____

Phone _____ Reason _____

Medications _____

What brings the client to counseling today?

Circle any of these difficulties that the client may be experiencing.

school adjustment	school anxiety/phobia	bad grades	behavior problems
social skills	poor relationships	bullying	anger
suicidal thoughts	depression anxiety	stress	gender dysphoria
sleeplessness	family problems	parent/child	marriage grief
abuse trauma	financial problems	overeating	alcohol/drug use

other _____

What do you hope to accomplish/achieve in counseling?

I acknowledge responsibility for all fees incurred during counseling, and I understand the policies explained on this form. I have read the New Client Information page.

Signature of responsible party Date _____

New Client Information



This information is intended to answer some of the questions you may have about basic policies and procedures. Please don't hesitate to ask me about these or any other matters when we meet. My goal is to create a trusting, comfortable relationship with you.

Credentials

I am a Licensed Professional Counselor #64463, and a National Board Certified Counselor #271668. I have specialized training in play therapy and post-trauma therapy. I have 30 years of experience teaching and counseling middle school aged children and helping their families. I have a husband, two children and three beautiful grandchildren, and I consider my experience with them as a valuable part of my education.

Complaints

An individual who wishes to file a complaint against a Licensed Professional Counselor may write to: Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369 or call 1-800-942-5540 to request the appropriate form or to obtain more information.

Scheduling appointments

You can call my office number, 940-453-8700, to make an appointment. This phone line is confidential, so you can feel comfortable to leave a message. Please leave your name, number and a reason for the call.

Missed appointments

A missed appointment occupies my professional time and may reflect a concern that we need to discuss. 24 hour notice is appreciated to cancel any appointment; otherwise you will be responsible for the full fee for the missed appointment. Insurance will not pay for appointments that you miss. If you have to cancel, please call within 24 hours.

Fees

The fee for a typical 45-50 minute session is \$85. Your part of this fee is expected at the time of the appointment. Cash, check, or credit card is accepted for all fees at the time of the appointment.

Confidentiality

Communication between you and your counselor is considered privileged and confidential. I will not release any personal or private information without your written consent. The billing information I give to your insurance carrier provides only information about the dates of service, diagnosis, and procedure codes. The only exceptions to these conditions are listed below. I am required to disclose confidential information if any the following conditions exist:

- You are a danger to yourself or others.
- You seek treatment to avoid detection or apprehension or to enable anyone to commit a crime.
- I was appointed by the courts to evaluate you.
- Your contact with me is for determining sanity in a criminal proceeding.
- Your contact is for establishing your competence.
- You are under 16 years of age and are the victim of a crime.
- You are a minor, and I reasonably suspect you are the victim of child abuse.
- You die and the communication is important to decide an issue concerning a deed or conveyance, will or other writing executed by you affecting an interest in property.
- You file suit against me for breach of duty, or I file suit against you.
- You have filed suit against anyone and have claimed mental/emotional damages as part of the suit.
- You waive your rights to privilege or give consent to limited disclosure by me.
- Your insurance company paying for services has the right to review all records.