BANYAN
THERAPY GROUP
REFUGE - RECOVERY - RESTORATION

PERSONAL INFORMATION and CONSENT FOR SERVICES

CLIENT CONTACT INFORMATION			
Name:		Email:	
Street Address:			
City:		State:	Zip:
Home Phone Number:		Cell Phone Number:	
How would you prefer to be contacted? ☐ Email ☐ Text ☐ Home Phone/Answering Machine ☐ Cell Phone/Voicemail			
Do you give us permission to leave a message for you through your preferred method of contact? ☐ Yes ☐ No			
IDENTIFYING INFORMATION			
Gender:	Age:	DOB:	Marital/Partner Status:
Number of Children:		Age(s):	
Job Title:	Employer (Name & Address):		
Primary Physician (Name & Phone):			
How did you hear about us? ☐ Friend/Family ☐ Therapist ☐ Social Media ☐ Search Engine ☐ Other (please specify):			
If applicable, can we thank your referral? ☐ Yes ☐ No	Referral Contact Info:		
Would you like to receive reminders for upcoming appointments? ☐ Yes ☐ No If YES, how would you like to receive reminders: ☐ Email ☐ Text			

I, _____, consent to and authorize mental health services for myself.

All sessions and their content will be considered confidential and will not be shared with any outside party without your prior written consent to do so and/or by signing the consent form provided, excluding consultation with other mental health professionals related to your treatment (e.g., others in my practice if they are also involved in your treatment). Exceptions to confidentiality are in cases of child (under 18), elder (65+), and dependent adult abuse and neglect (18-64), or potential self-harm or harm to others.

I am aware and I agree that if I am engaging in any services with Dan Drake or an employee of Dan Drake, Marriage and Family Therapist, a Professional Corporation outside of the state of California, that all services will be governed under the license and all pertinent laws under the jurisdiction of the state of California. Any legal proceeding shall be filed in the state of California using the governing laws of the state of California.

I understand that in case of non-payment on my account, some of my information may be disclosed to collection agencies in order to collect the money due. **I understand that if it is necessary to cancel an appointment I must give at least 24 hours' notice. If notice is not given 24 hours prior to appointment time, I understand that I will be charged the *FULL* fee for the missed appointment.**

_____ _____
Client's Signature Date

_____ _____
Signature of parent/guardian if client is a minor Date