

PATHWAYS FORENSIC & MENTAL HEALTH SERVICES, PLLC

Mailing Address: 103 Wildlife Lane, Lufkin, TX 75904

Phone: 936-238-3868 FAX: 936-238-3867

ADULT DATA FORM

Please fill this form out completely. You are responsible for providing updates if any information changes.

Your Name: _____
Last First Middle Maiden/Other names by which you are known

Present Address: _____
Street Apt. # City State Zip Code

Telephone Numbers: _____
Home Work Cell Fax

Age: _____ Date of Birth: _____ Driver's License: _____
Number/State

Occupation: _____ Employer: _____

Referred by: Family Friend Website Other: _____

I understand that I am responsible for my fee payment at or before the beginning of each appointment. I understand that agents of Pathways Forensic & Mental Health Services, PLLC (Pathways FMHS) will bill insurance directly when applicable, but I agree to be responsible for the full payment of fees for services rendered regardless of whether insurance reimbursement is obtained. I further agree that I am responsible for full payment of the billable amount should insurance reject or deny my claim. I hereby acknowledge I am requesting or have been Court Ordered to treatment through Pathways FMHS, but that I am not a client of any professional associated with Pathways FMHS until a treatment provider formally accepts me for treatment. Although the chances for obtaining my goals for therapy will best be met by adhering to therapeutic suggestions, I understand that I have a right to discontinue or refuse treatment at any time. I understand that if my treatment is Court Ordered, and I discontinue or refuse my treatment, my therapist is obligated to report my discontinuation of services to the Court. I understand that I am responsible for any balance due prior to a decision to stop therapy.

Your Signature: _____ Date: _____

Relationship to child(ren) if minors are involved in treatment: _____

The Texas State Board of Examiners of Professional Counselors can be contacted at 1100 West 49th Street Austin, Texas 78756-3183, Telephone 512-834-6658; the Council on Sex Offender Treatment can be contacted at Mail Code 1982, P.O. Box 149347, Austin, TX 78714; and, the Texas State Board of Examiners of Psychologists can be contacted at 333 Guadalupe, Tower 2 Room 450, Austin, Texas, 78701 to report any violation of professional rules or statutes.