

Concepts of Truth, Inc.

Request for Screening/Consultation (no charge) Date _____

Name: _____

Date of Birth _____ Age _____

Address _____

Are you Employed? Yes No

Where? _____

City/State _____ Zip _____

Are you a Student? Yes No

If yes, what school and grade _____

Contact Phone _____ Cell Phone _____

Probation Officer Name/Ph if Court Ordered: _____

(It is important for us to be able to reach you if there is an appointment change, so if you do not have a land line phone or if you have a cell phone that is not permanent please list a reliable person to call in order to reach you.)

May we use this number to remind you of your appointment? yes no

Have you ever visited us before? yes no If yes, when & under what name? _____

Are you currently seeing a professional counselor? yes no If so, give Name & Phone # _____

How did you hear about us? _____

Marital Status: Single Engaged Married Divorced Separated Living Together

Ethnic Origin: African-American Caucasian Native American Asian Hispanic/Latino Other

I would like to obtain help with, or receive information about:

Sexual Health

Reproductive Loss/Miscarriage

Professional Counseling

Marriage/Relationship Problems

Sexual Abuse/Trauma

Parenting/Child Behavioral Problems

Pregnancy Care

Anxiety/Depression

Adoption

Reproductive Loss/Abortion

Drugs/Addiction

Other _____

Limitation of Services

Concepts of Truth, Inc. is staffed by individuals who have degrees in counseling and some who do not. Bart Smith, LAC and Millie Lace, LPC-S serve clients in professional counseling and distance services. All of our lay/peer counselors and international helpline consultants have received training in crisis and grief counseling, but some do not have academic degrees in counseling, nor are they licensed by the state. So, our peer consultation and phone counseling is not intended as a substitute for professional counseling, medical or prenatal care.

Professional Counseling is provided on a sliding scale based on income and need but there is no charge for our initial consultation, peer counseling, small groups or phone consulting. We do not bill 3rd party insurance but will provide insurance claim form for client. Therefore, client needs to be prepared to pay for sessions based on sliding scale fee. All information is completely **confidential**. During the client screening consultation, clients are assessed and referred for services as needed. We are striving to communicate hope and understanding with each client interaction offering affordable outpatient services for life issues involving, but not limited to parent/child relationships and behavioral problems, sexual health, pregnancy, sexual abuse, reproductive loss such as abortion or miscarriage, relational problems for adolescents and adults, alcohol & drug abuse. Concepts of Truth, Inc. provides information where community services can be obtained when Concepts of Truth, Inc. is unable to provide that assistance.

Concepts of Truth, Inc. does not provide or make referrals for abortion or emergency contraception; nor does Concepts of Truth, Inc. provides information on how or where to obtain an abortion or emergency contraceptive.

I understand that all information shared by me during my relationship as a client with Concepts of Truth, Inc. will be kept in strictest confidence except as required by law or as required for the protection for me or others.

I understand the above and willingly enter into a relationship of accepting help and assistance from Concepts of Truth, Inc.

Client Signature _____ Date _____

Person Authorized to act on behalf of client _____ Date _____

Peer Consultant or Staff Signature _____ Date _____

Requested Appointment _____ (Remind client to bring photo ID)