Connie Hornyak

Address: 17595 Harvard,
Suite C-284 Irvine 92614
Phone: (714)-785-3407
email: conniehornyak@icloud.com

Adult intake form

Name

Address

Home Phone number

Fax number (if applicable)

Mobile Phone number

Date of birth

Work Phone number

Marital status

Email address (if applicable)

Date of separation (if applicable)

Date of marriage

Date widowed (if applicable)

Date of divorce (if applicable)

Occupation

Place of employment and address

Whom may we thank for referring you?

Name

Address

Phone number

Fax number (if applicable)

Email address (if applicable)

Family Information:

Name	DOB	RELATIONSHIP (e.g., spouse, child, step-child)	CURRENTLY LIVING (in or out of home)

Medical Information:

Name of physician

Physician's address

Physician's Phone Number

What is your present health condition?

Do you smoke? Yes No If so, how much

and how often

Date of most recent physical examination:

Please list your medications below, beginning with current medication, and working backward:

Dates	Names of Medication	Amount (EX 10mg)	Taken When:	Prescribed by:	Your Reaction

SOCIAL ADJUSTMENTS:

How would you describe your interpersonal relationships?

With spouse/partner

With mother

With father

With brother(s)

With sister(s)

With peers

With employer

With others (specify)

PRESENTING PROBLEMS:

Please describe in detail the issues which have brought you to counseling:

Medical History

List any current/past illnesses/injuries that have impacted you or your family:

Marital History

Describe your current marriage, including both positive and negative qualities (e.g., intimacy, communication, problem-solving, togetherness).

Briefly list and describe any previous marriages.

Connie Hornyak

TREATMENT/CONSULTATION AGREEMENT

Confidentiality: I understand that all information between me and Connie Hornyak, LCSW, is held in strictest confidence, and she will not release any information about my therapy unless permitted by law or if:

1. I agree in writing to permit such a release,
2. I present a physical danger to myself or others,
3. Child/elder/or dependent person abuse/neglect is suspected.

Release Of Information: I authorize the release of information for claims, certification/case management/quality improvement and other purposes related to the benefits of my Health Plan. (Release of information to providers, family, etc., requires a separate form.)
Financial Terms: I understand that I am responsible for full payment at time of services. I will be given a quarterly statement, which I can submit to my insurance company for reimbursement if I choose to do so.

Consent For Treatment: I further authorize and request that my therapist carry out treatments, and/or diagnostic procedures which during the course of my care as a patient are advisable. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

Emergency Procedures: If you need to contact Connie Hornyak, leave a message according to the instructions on my voice mail and I will return your call. If an emergency situation arises, follow the emergency procedures listed on my voice mail. Please do this for true emergencies only.

Canceled/Missed Appointments: I understand that 24-hour notice is required for cancellation of any appointment to avoid being charged in full for the time I have reserved. If unable to call and cancel during business hours, please leave a message on Connie Hornyak's 24-hour voice mail (714) 785-3407.
I UNDERSTAND AND AGREE TO ALL OF THE ABOVE INFORMATION.

_____

Client/Patient (or Parent/Guardian) Printed name Date

_____

Client/Patient (or Parent/Guardian) Signature

_____

Child's name and date of birth (for Parents/Guardians)

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FEE AGREEMENT

All therapy and consultation sessions are billed at $200 per 50 minutes. Travel to and from home visits and school observations will also be billed this amount. Clients will be charged the full fee for cancellations given less than 24 hours in advance. If unable to reach Connie Hornyak, LCSW, messages may be left on her confidential voicemail: 714 785-3407.

If Connie Hornyak is ordered by the Court to appear in person, write a letter or send records, clients will be billed $250 per hour for preparation and travel time. Please be advised that should Connie Hornyak be ordered by the Court to appear, the fee stipulation is as follows:

- $1,600 per half day
- $3,200 per full day

Should a case be continued, Connie Hornyak will be paid for either a half day or a full day, depending upon how much time is spent in the Courthouse.

All Court fees must be received by Cashier's check or credit card 14 days prior to the Court date.
I have read and agree to abide by this policy.

By:_____

(Signature(s) of Client, Parent(s) or Representative) Date

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