

## Counseling Center of Montgomery County

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(936)760-9101 Fax

### REFERRAL AND CONSENT TO RELEASE INFORMATION

**From:** Montgomery County Youth Services  
**To:** Counseling Center of Montgomery County

<b>Name of Client:</b>		<b>Gender:</b> Male    Female	
<b>Address:</b>			
<b>City:</b>		<b>State / Zip:</b>	
<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>	
<b>Email Address:</b>		<b>Date of Birth:</b>	<b>Age:</b>
<b>Social Security #:</b>		<b>Medicaid #:</b>	
<b>Referring Staff Member:</b>			
<b>Email Address:</b>		<b>Phone Number:</b>	

#### Requested Services:

Group Therapy	(please circle all that apply)	Assessments
Substance Recovery		Substance / Alcohol Abuse
Alcohol Recovery		Anger Management
Anger Management		Diagnostic Review
Productive Parenting		Mental Health Evaluation
Conflict Resolution		Other:
Divorce Recovery (Adults / Teens / Kids)		
Coping Skills		
Blending Your Family		
Healthy Relationships		
Boys Group		
Girls Group		
Teen Talk		
		Counseling Services
		Individual
		Group
		Family

I authorize exchange of information between the Montgomery County Youth Services and the Counseling Center of Montgomery County during the term of my residence at Bridgeway / Fairway.

Client Signature

Date

Staff Member

Printed Name

Date

Supervisor

Printed Name

Date