

Consent for Treatment

I give my consent to receive treatment and related services from [Practitioner name] _____ . I understand that this consent is for the duration of the services provided.

Client Name (please print): _____

Client Signature: _____

Date: _____

Minor Consent to Treat

I give my consent as parent of guardian for the following individual to receive treatment and related services from [Practitioner name] _____ .

I understand that this consent is for the duration of the services provided.

Client Name [please print]: _____

Parent or Guardian Name [please print]: _____

Parent or Guardian Signature: _____

Date: _____