
Caregiver signature

Printed name

Date

Caregiver signature

Printed name

Date

I, the therapist, have discussed the issues above with the client and/or his or her parent, guardian, or other representative. My observations of the above listed persons' behavior and responses give me no reason to believe that they are not fully competent to give informed and willing consent.

Signature of therapist

Date

___ Copy accepted by client ___ Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.