

**Consent To Treat Minor**

*(Please Complete a Separate "Consent to Treat Minor" Form for each minor participating in therapy)*

**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Home Phone:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Age:** \_\_\_\_\_

**Primary Address:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

**PARENTS:** (Name all parents/step-parents/legal guardians. CUSTODIAL parent(s) must sign form)

**Mother:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Address (or "same"):** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

**SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_ **Cel Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Address (or "same"):** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

**SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_ **Cel Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_

**Guardian:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_ **Cel Phone:** \_\_\_\_\_

**Address (or "same"):** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I, *(Print Name)* \_\_\_\_\_ attest that I am the custodial parent of above named minor, and I authorize child to participate in psychotherapy with this office. I agree and understand that while insurance may be billed for psychotherapy services, I am legally responsible for any and all charges incurred in providing this and/or other services by this office. I understand that co-parenting is not billable to insurance, and a retainer (as per Therapist-Client agreement) must be paid prior to beginning services. Copies of documentation of legal custody of child, and any other legal issues pertaining to child must be provided on, or before date of first visit. Copies of these documents will be kept in child's record.

\_\_\_\_\_  
**CUSTODIAL PARENT (Mother/Father/Guardian - Circle One)**

\_\_\_\_\_  
**DATE**