GABRIELA PORTAS, ATR-BC, LCAT
PSYCHOTHERAPIST & CREATIVE ARTS THERAPIST
LICENSE NO. 001343-1

CONSENT TO TREAT A MINOR

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

CHILD'S NAME:_________________________________ **DOB:** ___/___/___
Home Phone: ______________________ **SS#:**_____-____-_____ **Age:**______
PrimaryAddress:_________________________, ____________, _____, ______
(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:____Cell Phone:______________
Occupation:_____________________________ Work Phone:______________
Home Phone:______________

Father: ______________________________ Spouse:____________________
Address (or "same"):______________________, ____________, _____, ______
(City) (State) (Zip)
SS#:_____-____-_____ DOB:___/___/___ Age:____Cell Phone:______________
Occupation:_____________________________ Work Phone:______________
Home Phone:______________

Guardian: ______________________________ Spouse:____________________
SS#:_____-____-_____ DOB:___/___/___ Age:____Cell 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 the provision of this and/or other services by this office. Copies of documentation of legal custody of child, and any other legal issues pertaining to child must be provided when requested. Copies of these documents will be kept in child's record.

_______________________________________ ____________________
CUSTODIAL PARENT **(Mother/Father/Guardian - Circle One)** **DATE**