

Davis Psychological Services and Consulting
CONSENT FOR TREATMENT-Adult

I, _____, authorize and request that
_____, (Ph.D./L.C.S.W./L.M.H.C.)
provide neuropsychological and/or psychological assessment, biopsychosocial
assessment, treatment and/or psychotherapy or counseling which now or during the
course of my care are advisable.

The frequency and type of treatment will be decided between all parties.

I understand that the purpose of these procedures will be explained and be subject to my
verbal agreement.

I understand that there is an expectation that I will benefit from
assessment/psychotherapy but there is no guarantee that this will occur.

I understand that maximum benefit will occur with consistent attendance and that at times
I may feel conflicted about receiving service as the process can sometimes be
uncomfortable.

I have read and fully understand this Consent for Treatment Form.

Date: _____ Patient Signature: _____

Date: _____ Witness: _____