

Healing Space Therapy, Licensed Clinical Social Worker Inc
Psychotherapy, Counseling, and Mental Health Services
2230 W. Chapman Ave. Ste #207, Orange CA 92868

Consent for Treatment of a Minor

The undersigned legal guardian, parent, or guardian ad litem of the minor client listed below client hereby authorizes and consents to mental health services

by: _____
of Healing Space Therapy, Licensed Clinical Social Worker Inc. These services may include assessment, psychotherapy, counseling, screening, referral, and other appropriate services.

Name of Client (Please print)
Minor:

Print minor's name

Date

Print parent/guardian's name

Signature of parent or legal guardian

Date