



**AMMIRATI  
COUNSELING**

Empowering Your Relationships

2211B Lakeside Drive  
Bannockburn, IL 60015

Phone: (847)217-9381  
Fax (224)544-5575

## Consent for Treatment

### Statement of Understanding

Your signature below assumes you have read, understand, and agree to abide what is outlined in the Consent for Treatment. It also assumes that you give your consent for us to provide you with psychotherapeutic services.

DO NOT SIGN. Fill your names. Sign at your appointment with your therapist.

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Client's Signature (age 12 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Printed Name (client is minor)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date