



## Consent for Treatment

### Consent for Adults

I give consent for treatment by Therese Fuh, M.S., LCDC, EFT.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

### Consent for Minors

I give consent for treatment by Therese Fuh, M.S., LCDC, EFT for ( Client's name)  
\_\_\_\_\_.

\_\_\_\_\_  
Guardian's Name & Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date