

Adolescent Behavioral Health Consent Form

Adolescent Information

Full Name

Date of Birth

Address

Phone Number

School

Parent/Guardian Information

Parent/Guardian Name

Relationship

Phone Number

Email

Consent for Evaluation and Treatment



I have read and understand the information provided about the adolescent behavioral health services and consent to evaluation and/or treatment.

Confidentiality

Emergency Contact

Name

Relationship

Phone Number

Signature of Parent/Guardian

Date

Signature of Adolescent

Date