

cronin
assessment

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CONSENT FOR TREATMENT

Please carefully read the following information regarding consent for treatment. If you have any questions or are unsure about something in this form, please speak with me prior to signing it.

I, _____, authorize and request that Pegeen Cronin, Ph.D., Licensed Psychologist, provide the services which are now or during the course of my child's care are advisable. Services provided include, but are not limited to, therapeutic assessments, diagnostic evaluations, assessment-based interventions, crisis intervention, counseling, psychotherapy, and client education. Consultation and education may also be provided for school, educational placements and social-recreational activities. No service will be provided without my consent.

I have read and understand the Office Policy form.

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

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

Signature

Date

Name: _____

Address: _____

Phone numbers: Home: _____ Okay to leave voice message? Y N

Work: _____ Okay to leave voice message? Y N

Cell: _____ Okay to leave voice message? Y N