

Wendy Mosqueda, M.A., MFT  
Licensed Marriage and Family Therapist

**CONSENT FOR TREATMENT**

I, \_\_\_\_\_ and \_\_\_\_\_ hereby  
authorize treatment for:

\_\_\_\_\_ Myself

\_\_\_\_\_ My Child

Name of Child: \_\_\_\_\_

\_\_\_\_\_ My Family

The nature of the condition for which I seek treatment, options for treatment, benefits and potential risks have been explained to me, and/or information has been provided (see Client Policy Letter).

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wendy Mosqueda, M.A., MFT

\_\_\_\_\_  
Date