



I have read and agree to the counselor / client service agreement and will pay my counselor \$\_\_\_\_\_ per session (due at time of service)

\_\_\_\_\_  
Signature of Patient  
(parent / guardian if minor child)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date: