Mentalyc

Client Information & Consent Form

Free therapy consent form template. Adapt to your state's rules and practice policies before use.

Client information

Client name _____ Date of birth _____

Phone _____ Email _____

Address _____

Emergency contact _____ Phone _____

Insurance (if applicable)

Insurance company _____ Policy # _____

Brief history

Current medications _____

Allergies _____

Medical / mental health conditions _____

Prior mental health treatment (yes / no) _____

Consent for treatment

I consent to outpatient mental health services from [practice name]. I understand I may refuse or end treatment at any time. I authorize release of information necessary to process insurance claims and authorize payment of benefits to [practice name]. I have reviewed the practice's privacy, confidentiality, and financial policies.

_____ _____

Client signature Date

_____ _____

Parent / guardian signature (if minor) Date