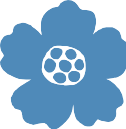
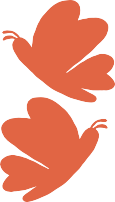
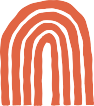
Psychology Consent Form

Use this doc to secure a patient or client’s informed and voluntary agreement prior to any psychological assessment or treatment. Briefly explain the procedure, as well as any potential risks and benefits.









123 Anywhere St.,

Any City, ST 12345

Vital Wellness Center

123-456-7890

[hello@reallygreatsite.com](mailto:hello@reallygreatsite.com)

 Patient Intake Form

|  |  |  |
| --- | --- | --- |
| Patient Information |  | |
| **Last Name:** Details here | **First Name:** Details here | **Middle Initial:** Details here |
| **Birth Date:** March 30, 2030 | **Gender:** Details here | **Status:** Details here |

**Email Address:** [hello@reallygreatsite.com](mailto:hello@reallygreatsite.com) **Phone:** 123-456-7890

**Home Address:** 123 Anywhere St., Any City, ST 12345

**Emergency Contact:** Details here **Phone:** 123-456-7890

Psychological Assessment or Procedure

**Procedure:** Details here

**Procedure date:** March 30, 2030

Provide a brief overview of the psychological assessment or procedure to be conducted. Explain why it's being conducted, as well as its main goal or desired outcomes. Try to keep this section clear and concise.

Risks and Benefits

Briefly explain any potential risks or benefits associated with the psychological assessment or procedure being done. Try to limit them to just one paragraph each.

Voluntary Participation and Withdrawal

Explain to the patient or client that their participation in the psychological assessment or procedure is entirely voluntary and that they may withdraw or cancel it at any time. Make sure they fully understand the risks involved and any potential challenges that may arise.

Confidentiality Agreement

Explain that records remain confidential except when sharing is required for coordinated care or mandated by law.

Signatures

I, **[patient name here]**, have read and understood the information presented above and consent to my participation in **[assessment or procedure here]**.

# Signature here

**Patient/client name here Date:** March 30, 2030

# Signature here



**Clinician/psychologist name here Date:** March 30, 2030

**Credits**

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