



PAHRUMP VALLEY COUNSELING

Ramona Sanchez, LCSW, LMFT
David VanDerBeek, LMFT

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Adult Consent to Treat

I, _____, authorize Ramona Sanchez, LCSW, LMFT and/or David VanDerBeek, LMFT to provide Mental Health Services, to myself and/or minor children. I understand that I will receive a diagnostic interview by a professional therapist to determine the type(s) of service(s) I would best benefit from. In addition, by signing below, I acknowledge that I have a right to select a qualified provider of my choosing.

Client Signature

Date

Ramona Sanchez, LCSW, LMFT/David VanDerBeek, LMFT

Date