

Sandra Wilcox
Licensed Professional Counselor
Austin, TX
512-842-9085

Parental Consent for Counseling of a Minor

I, _____ give my permission for of my child
(name of parent)

_____ to receive counseling by
(name of child under 18)

Sandra G. Wilcox, Licensed Professional Counselor.

(parent name printed) (date)

(parent signature)

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Information Questionnaire for Minor (under age 18)

To parents,
Since your child is a minor under the age of 18, additional information is needed for treatment.

Full Name of Child _____ Nickname _____

Date of Birth _____

Medical History

Any unusual circumstances during pregnancy or birth? _____

Has your child ever seen a psychiatrist? ___yes ___no Date of last appointment _____

If yes, what was the diagnosis? _____

What if any, medications were prescribed? _____

Has your child been tested by school psychologist/diagnostician? _____

If yes, what was the diagnosis? _____

If biological parents are divorced, please attach a copy of the divorce decree custody agreement.

(Signature of parent or guardian)

(date)