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CLINICAL PSYCHOLOGY

Consent for Psychological Services to Child(ren) Form

Name of person giving consent: _____

Relationship to child: _____

Name(s) and date(s) of birth of child(ren) to receive psychological services:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Please circle Yes or No

1. Are the parents of the child(ren) to be evaluated divorced? **Yes/No**
2. Are you the person named as Managing Conservator of the child(ren) in the court's latest order? **Yes/No**
3. Have you brought a copy of the court order or divorce decree with you?
Yes/No
4. Was the evaluation of this/these child(ren) ordered by the court?
Yes/No
5. Have you brought a copy of the court order naming this/these child(ren) with you? **Yes/No**

I, _____, consent to the psychological services for the child(ren) named above.

Signature of person giving consent

Date

Printed name