



Body Psychology

863.207.4402

BodyPsychWellness@gmail.com

Consent to Work with a Minor

Child's Full Name _____ Birth Month _____ Age _____

Child's Primary Residence (check one) __ Mother __ Father __ Both __ Other: _____

Reason for visit?

Has child ever been in therapy before? _____ If so, for what issue? _____

Has child ever received hypnotherapy before? _____ If so, for what issue? _____

Does child have any diagnosed conditions for which he or she is currently being treated by a medical or mental health professional? _____ If yes, please list conditions and doctor's names. If no, simply write n/a.

Is child currently taking any medications? _____ If yes, please state the medication name, and the reasons.

Addendum to Parent's Signed Client Participation Agreement

By signing this form, I acknowledge, on behalf of my child, the terms and conditions outlined in my own signed client participation agreement on file with Body Psychology and agree that those terms and conditions extend to my child without exception.

I / We, _____, as parent (s) or legal guardian (s), give permission to
(Parent / Parents)

Body Psychology/Kathy Macchione Leggett, with my / our child _____
(Child's Name)

Signature of Guardian or Parent

Date