Lisa Walton, LISW

2525 N. Ankeny Blvd. STE 113
Ankeny, IA 50023
515-289-9136 (P)
515-289-9139 (F)

106 2nd Street SE
Altoona, IA 50009
515-967-1997 (P)
515-289-9139 (F)

PARENT or GUARDIAN INFORLISWTION

DATE: _____ TIME: _____

NAME: _____
First Middle Last SS#

_____
Age Birthdate Male/Female Marital Status

ADDRESS: _____
Street Apt

_____
City State ZIP

_____
Phone#1 Phone#2 Emergency contact: Name

REFERRED By:_____

_____

CONSENT FOR TREATMENT OF CHILDREN OR ADOLESCENTS: I/We consent that

_____ *may be treated as a client by Lisa Walton, LISW. At times it may be necessary to schedule appointments during school hours. I ask for your cooperation to provide the timeliest treatment possible.*

_____ *date* _____
Parent or Guardian

**Please understand that if treatment of your child is in connection with a custody evaluation or custody negotiations, I will not be available to testify in court.*

_____