Phyllis Eddy, MA LMHC

Center for Interpersonal Effectiveness, PC

2525 N. Ankeny Blvd. Suite 113 • Ankeny, IA 50021
515-289-9136 515-289-9139 (Fax)

PARENT or GUARDIAN INFORMATION

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 Phyllis Eddy, MA LMHC. 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.*