

Lori Eisbrener, MA
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*
Lori Eisbrener, MA. 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.