

Pamela J. Davis, MA LMFT

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 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 Pamela J. Davis, MA LMFT. 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.*