



Faith Halverson-Ramos, MA, LPC, MT-BC
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VOLUNTARY CONSENT FOR PSYCHOTHERAPEUTIC SERVICES FOR AGES 12 TO 14 YEARS OLD

You have chosen to work with Faith Halverson-Ramos, MA, LPC, MT-BC at SoundWell Music Therapy, PLLC. By signing this document, you are agreeing with each of the statements below, and you are giving your permission for the therapist to act in accordance with policies and practices indicated below.

- (Initial) I am knowingly and voluntarily seeking professional mental health therapy (i.e. "psychotherapy services") from Faith Halverson-Ramos. No one has made or forced me to seek these services, but I am choosing them on my own.

- (Initial) I have been encouraged by Faith Halverson-Ramos to speak with my parent/legal guardian about my therapy.

- (Initial) I have been provided Faith Halverson-Ramos' Disclosure Statement and have read it for myself and/or have had parts of it which I don't understand explained to me. Any questions I did have, I asked about.

- (Initial) I further understand that if I should display any suicidal ideation or have thoughts of suicide, Faith Halverson-Ramos will notify my parent(s)/legal guardian(s).

Signing this form indicates that you are voluntarily seeking psychotherapeutic services from Faith Halverson-Ramos, and that you are doing so without your parent(s)/legal guardian(s) knowledge or consent.

Client Signature

DATE

Family Information:

Are your parents: Married or Civil Union Separated Divorced Living Together

Mother's Name:

Do you live with your Mother:
 YES NO

Mother's Telephone:

If yes, do you live with her
 Full-Time Part-Time

Mother's Address:

May Faith Halverson-Ramos contact your Mother:
 YES NO

Father's Name:

Do you live with your Father:
 YES NO

Father's Telephone:

If yes, do you live with him
 Full-Time Part-Time

Father's Address:

May Faith Halverson-Ramos contact your Father:
 YES NO

If your parents are no longer together, are either of your parents remarried: YES NO
Please list your Stepmother and/or Stepfather's Name and telephone number:

May Faith Halverson-Ramos contact any Stepmother and/or Stepfather: YES NO

Do you have any siblings: YES NO How many? _____ Ages: _____

Do you live with all your siblings: YES NO

If no, who do your other siblings live with:

Are there any other persons that live in your home with you: YES NO

If yes, please list their names and ages, and any relationship to you:

Emergency Contact Information:

In case of an emergency, Faith Halverson-Ramos may be required to contact someone on your behalf. Please list your emergency contact below, which Faith Halverson-Ramos may contact on your behalf. Faith Halverson-Ramos will share the minimum amount of information necessary with your emergency contact should he or she need to be contacted.

Name: _____

Telephone Number: _____

Relationship to Client: _____