ANDREW CHRISTENSEN, Ph.D.
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Clinical Psychology
License # PSY 5387
Phone: (310)-837-1548

Consent for Treatment

I, _____, authorize and request that Andrew Christensen, Ph.D. provide psychological examinations, treatment and/or diagnostic procedures that now or during the course of my care as a client are advisable. The frequency and type of treatment will be decided between my therapist and me.

I understand that the purpose of these procedures will be explained to me and be subject to my verbal agreement.

I understand that there is an expectation that I will benefit from psychotherapy but there is no guarantee that this will occur.

I understand that maximum benefit will occur with consistent attendance and that at times I may feel conflicted about my therapy as the process can sometimes be uncomfortable.

I have read and fully understand this Consent for Treatment Form.

Date: _____ Client Signature: _____