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Client's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----if applicable-----

Legal Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of therapist: \_\_\_\_\_ Date: \_\_\_\_\_

