

Tina Linares LMHC, MFT

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Mount Vernon, WA 98273

360-420-2093

LEGAL GUARDIANS (If client is under 18):

NAME: _____ Relationship: _____

ADDRESS: _____

Best Number to be contacted at: _____

(children under the age of 13): I consent to psychotherapy treatment by Tina Linares, LMHC for my minor child. I have been given a disclosure statement and understand its set terms.

_____ Date: _____
(Signature)

NAME: _____ Relationship: _____

ADDRESS: _____

Best Number to be contacted at: _____

(children under the age of 13): I consent to psychotherapy treatment by Tina Linares, LMHC for my minor child. I have been given a disclosure statement and understand its set terms.

_____ Date: _____
(Signature)

Is there a parenting plan in place for minor? Yes / No If client is under 13 you will be asked to present a copy for his/her file.