

ACKNOWLEDGMENT AND CONSENT FOR THERAPY

I, _____ (*print name*) have read the *Informed Consent and Agreement for Therapy* and I acknowledge that I understand and accept all its terms. Any questions that I had were answered. I consent to continue therapy with Dr. Federici as outlined above.

Signature of Patient	Date	Date of Birth <i>(mm/dd/yyyy)</i>
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Print Patient's Name _____

Address: _____

(Circle your preferred method of contact)

Home Phone: _____ Preferred Contact? YES

Work Phone: _____ Preferred Contact ? YES

Cell Phone: _____ Preferred Contact? YES

Email: _____