Group Consent Form

Client Name:_____Birthdate_____
Mailing
Address_____
_____

Phone Number_____
May I call you here (Y/N) May I leave a message here? (Y/ N)

Email _____

I consent to participation in this group. I understand that I have the right to a copy of this form upon request. I also understand that I can withdraw consent in writing and terminate participation in this group at any time.

Name _____

Signature_____Date _____

For Julie to complete:

Date Starting_____
Membership good through_____