

# Kevin Bradley LCSW

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## Consent for Treatment

### An Adult Receiving Psychotherapy

I, \_\_\_\_\_ hereby request psychological services from Kevin Bradley, LCSW for myself.

( please print name)

\_\_\_\_\_  
Signature of Adult Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### A Child or Adolescent (under the age of 18) Receiving Psychotherapy

I \_\_\_\_\_, hereby affirm that I am the legal guardian of \_\_\_\_\_ and hereby give my consent for her/him to receive psychological services from Kevin Bradley, LCSW.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor (if age 12-17 inclusive)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Witness

\_\_\_\_\_  
Date

### Rescinding Above Consent to Treat a Minor (Child or Adolescent)

I \_\_\_\_\_, hereby affirm that I am the legal guardian of \_\_\_\_\_ and hereby wish to rescind my consent for her/him to receive psychological services from Kevin Bradley, LCSW

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Witness

\_\_\_\_\_  
Date

