

Holly Lea Johnson, LMFT
411 Oak Street
Roseville, CA 95678
(916) 385-1620
hollyleajohnson.lmft@outlook.com

Consent for Mental Health Evaluation and/or Treatment of a Minor

I, _____, hereby consent to Mental Health
Evaluation and Treatment for _____, a minor child by
Holly Lea Johnson, LMFT.

Signature

Relationship to Patient

Authorization

Date

Witness

Date