

ROB + KATIE TRUAX

LIVE YOUR BEST LIFE

Client Information, Authorization, and Consent to Treatment

By signing below, you indicate that you have thoroughly read the Client Consent for Treatment, have been verbally informed of the parameters of confidentiality as they apply to you, agree to the policies represented therein, and consent to abide by those policies and to engage in treatment with Rob+Katie Truax, TRU Integrative Health and Wellness, LLC.

Printed Client Name

Date

Client Signature

Printed Client Name

Date

Client Signature

Parent/Legal Guardian Signature (if applicable)

Provider Signature