

CONSENT FOR EVALUATION/ TREATMENT

I, _____, acting on behalf of
_____ (hereinafter referred to as "the Patient")
consent to the necessary care and/or treatment of the patient by the therapists doing business for NW Speech
Therapy, L.L.C. I consent to care and treatment that falls within the scope of speech/language therapy
practice as defined by the American Speech-Language-Hearing Association. I acknowledge that no guarantee
has been made to me as to the result of evaluation and/or treatment.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS
AND AM COMPETENT TO EXECUTE IT OR IF EXECUTED ON BEHALF OF ANOTHER, I AM
AUTHORIZED TO EXECUTE IT ON BEHALF OF THAT PERSON.

Signature of patient or guardian _____ Date _____
Print Patient Name: _____
Relationship to patient _____