

CENTER FOR SPEECH & LANGUAGE, INC.

RHONDA H. HEMPHILL, M.S., C.C.C.
AND ASSOCIATES

CLIENT/PATIENT CONSENT FOR EVALUATION AND/OR TREATMENT

I hereby give my consent for _____ to be evaluated
and/or treated by Center for Speech & Language, Inc.

Signature of Client/Patient or Legal Guardian

Date

Client/Patient's Name

Print Name of Client/Patient or Legal Guardian

CLIENT/PATIENT CONSENT FOR RECORDING

I hereby give my consent for _____ to be video
and/or audio taped during evaluation and/or treatment by Center for Speech & Language,
Inc.

Signature of Client/Patient or Legal Guardian

Date

Client/Patient's Name

Print Name of Client/Patient or Legal Guardian

DOES YOUR CHILD HAVE AN ALLERGY TO LATEX?

YES

NO

If your child does have an allergy to latex, PLEASE LET CLINICIAN KNOW IMMEDIATELY