

\_\_\_\_/\_\_\_\_/\_\_\_\_



By my signature, I, \_\_\_\_\_ (Client ID: \_\_\_\_\_), acknowledge that I have completed an intake assessment with Adult & Child Health, I have actively participated in the development of my treatment plan on this date, and I am agreeing to the treatment that was reviewed with me by the intake clinician. I am aware that the treatment recommendations discussed at my intake assessment are subject to change upon review, and I agree to comply with all expectations of treatment.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)