

**Susan Chakmakian, M.A., M.F.T.**

**Consent To Treat Minor**

I (We), \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(the parent(s)/legal guardian - *please print*)

(and) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(the parent(s)/legal guardian - *please print*)

give permission to: Susan Chakmakian, MA, MFT (therapist), to provide psychotherapy for my child(ren) listed below:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

It is without pressure or coercion that I sign this consent. **Do not sign this form if any of the statements above are incorrect or you will be committing a crime punishable by a fine, imprisonment or both.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent / legal guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent / legal guardian)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
Susan Chakmakian

This is effective for one year after date of signing unless stipulated below:

Effective date: \_\_\_\_\_ End date: \_\_\_\_\_

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Glendale, CA 91203

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Beverly Hills, CA 90212

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