

**IN TRANSITION
COACHING AND CONSULTING**

CONSENT FOR TREATMENT

I, _____, authorize and request that Sheila Kreifels keep records and carry out examinations, treatments and/ or procedures that now or during the course of my coaching are advisable. I understand that the purpose of these procedures will be explained to me and must be approved by me. I have read and fully understand this Consent for Treatment form.

Signature of Client

Date

Sheila Kreifels, LMFT
Relationship Coach

Date