



**new leaf**  
psychological services

## **Consent to Receive Psychological Services Form**

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### Acknowledgment and Agreement

I am aware of and in agreement with this referral for the psychological services requested. As part of this referral process I understand that information will be exchanged (verbally and/or in written form) between the person making the referral and the person providing the psychological services being requested. I also understand that Dr. Carlson may request to be able to send a letter to my physician acknowledging my attendance at sessions and the goals we are working towards.

By signing this form, I am acknowledging that I have read and understood the Psychologist Information Form, including the risks and benefits of treatment, the limits of confidentiality and the fee arrangements. I also agree to my physician being contacted as discussed. I have also had a chance to discuss and clarify, to my satisfaction any questions I may have had. I also understand that I may withdraw my consent at any time. I have been given a copy of this form for my records.

My signature below indicates my consent for the assessment and/or treatment to occur.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Torie Carlson, PhD, C.Psych

\_\_\_\_\_  
Date