

# PAT BATHURST

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**Pat Bathurst , M.A., M.F.T.**

License # 38098

471 E. Tahquitz Canyon Way

Ste. 213

Palm Springs, CA. 92262

760.972.7194

## Consent for Treatment

I, \_\_\_\_\_, authorize and request that Pat Bathurst, M.F.T., carry out psychotherapeutic assessments, diagnostic procedures, and /or treatment methodologies which now or during the course of my care as a patient are advisable.

I understand that the purpose of any procedure will be explained to me and be subject to my agreement. I have read and fully understand this Consent for Treatment form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

