

Julie Johnson, MA, LCPC
Licensed Clinical Professional Counselor

2656 W. Montrose Ave Suite 105 Chicago, IL 60618
773-383-7033 www.juliejohnsonlcpc.com

CONSENT FOR TREATMENT

I/we _____ hereby consent to be treated
as a client for psychotherapy by Julie Johnson, MA, LCPC.

Client Signature

Date

Client Signature

Date

Julie Johnson, MA, LCPC

Date