Alliance Behavioral Health Specialists
43155 Main St, Suite #2316
Novi, MI 48375

Phone: (248) 934-0274, Ext 102 or operator
Fax: (248) 934-1987
Email: info@abhsnow.com

Consent for Treatment

Patient's name: _____

Address: _____ Telephone:_____

If patient is a child, please complete following information: Mother or Father's name:
_____

Address: _____ Telephone:_____

I hereby acknowledge and confirm that I am mentally capable of giving informed consent to the provision of care, diagnosis and/or treatment by Alliance Behavioral Health Specialists, 43155 Main St, Suite 2316, Novi, MI and I hereby acknowledge that such consent will remain in effect unless and until I cancel such consent in writing.

_____ _____

Signature of Patient or Person Authorized to Consent* Date

Relationship if not patient: _____

*If this consent is signed by someone other than the patient, it must be signed in the patient's presence

How did you hear about us?

- Referral _____
  - Doctor _____
  - Friend _____
  - Word of Mouth _____
  - Other _____
- Website _____
- Social Media: Facebook_____; Instagram _____; Twitter _____
  - Other _____