



Sarah Scott Dooling, LCSW  
1855 First Avenue  
Suite 103  
San Diego, CA 92101  
www.sarahscottdooling.com

**Please complete this form to the best of your ability, and leave anything blank that is unclear or about which you have a question or concern. We can discuss those items together.**

Name of child/adolescent \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Parents' or legal guardians' name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Email Address: \_\_\_\_\_

Are the minor's parents divorced? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please check one:

Sole custody by mother \_\_\_\_\_ Sole custody by father \_\_\_\_\_ Joint custody \_\_\_\_\_

Non-residential parent's name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Referred by \_\_\_\_\_



Sarah Scott Dooling, LCSW  
 2630 First Avenue  
 Suite 204-205  
 San Diego, CA 92103  
[www.sarahscottdooling.com](http://www.sarahscottdooling.com)

**Consent to Treat Minor**

I, \_\_\_\_\_, as parent/ guardian of minor child named, \_\_\_\_\_, authorize and request Sarah Scott Dooling, LCSW to carry out diagnostic procedures, and/or treatments that are advisable now or during the course of his/her care as a patient. I understand that the purpose of any procedure will be explained to me and be subject to my agreement. In addition to signing a treatment agreement form for Sarah Scott Dooling, LCSW, I am also completing and signing this additional consent form. I understand that consistency is extremely important to the effectiveness of counseling and that if my child does not attend his/her scheduled sessions on a regular basis, Sarah Scott Dooling will determine if treatment should continue. I understand that it is important for my child to have his/her privacy and so the contents of the session will remain confidential between the child and therapist. General updates and progress can be communicated to you. Sarah Scott Dooling will explain how information will be shared with you. Please feel free to ask questions regarding this.

I have read and fully understand this consent form.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**Involvement in Court Proceedings Waiver**

The undersigned will neither individually nor jointly involve Sarah Scott Dooling, LCSW in any litigation. The undersigned will neither request nor require Sarah Scott Dooling, LCSW to provide testimony in court. I do this to protect the integrity of my relationship with both parents as well as with your child, as it is necessary to promote the greatest success in therapy with your child. Should I be legally required to participate in court proceedings, I will at no time express an opinion that favors one parent over another. If the services of a mental health professional are desired for court purposes, the services of a separate professional must be enlisted.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_



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### **Additional Information for Parents of Child Clients**

1. When working with an individual child, Sarah Scott Dooling, LCSW respects his/her right to confidentiality. Sarah will consult with you regularly about your child's progress. Both parents are entitled to know the nature and progress of the child's therapeutic services. However, Sarah recommends you not ask your children direct questions about their therapy experiences so as not to inhibit their participation or progress.
2. If Sarah is seeing your child in individual sessions, please inform her prior to the beginning of the session whether there have been any unusual events since the last session or issues of concern you wish to discuss. Sarah requests that these exchanges/updates are brief so as not to interfere with the child's session. If more time is needed, please call for a separate appointment or request a telephone consultation. Sarah recommends meeting with parent/guardian every four to six weeks to discuss treatment and progress.
3. If your child is under ten years old, please do not leave the office while your child is in session. Some children need to know that their parent is present for them in the waiting room and sometimes Sarah involves the parent in a session. Children must be accompanied by an adult at all times while in the office complex. Sessions are typically 45-50 minutes in length.
4. Since Sarah often use art and play materials in therapy with children, please dress your child in clothing appropriate for messy play.