

**Nic Showalter, M.A., LLC**  
**Whole Person Counseling**  
**Consent To Treat**

I \_\_\_\_\_ consent to such evaluation and treatment as the professional staff of Nic Showalter, M.A., LLC/Whole Person Counseling may decide necessary. I am aware that care and treatment in this area is not an exact science. I acknowledge that no guarantees have been made to me as to the result of treatment and evaluation at Nic Showalter, M.A., LLC/Whole Person Counseling. I certify that I have read and fully understand the contents of this form and that all statements are true to the best of my knowledge.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_