

DOUGLAS O. JONES, MD
Child, Adolescent & Adult Psychiatry
5040 SW 28th, Suite B
Topeka, KS 66614
(785) 273-6200

CONSENT FOR TREATMENT

I hereby voluntarily consent to receive services which may include assessment and referral recommendations deemed necessary and advisable in the judgement of Douglas O. Jones, MD. If the client is incapable of providing consent, I hereby authorize and consent to the same services for him/her.

Signature of client/guardian:

Date:
