

Consent for Initial Evaluation

I give my consent to have an initial consultation with Dr. Lise F. Spiegel in order to determine whether a therapeutic relationship is appropriate for my needs and for her psychotherapy practice. This initial consultation does not constitute an ongoing therapeutic relationship but simply an introduction to determine if ongoing therapy will take place.

Printed name: _____

Signature: _____ Date: _____

Lise F. Spiegel, Ph.D.