Abram Sinn, LMFT

Licensed Marriage & Marriage Family Therapist 35001932A

317-883-9774

Email: abramsinn@abramsinn.com Website: www.abramsinn.com

Rose House
314 S Rose Ave
Bloomington, IN 47401

Calvary Lutheran Church
6111 Shelby Street
Indianapolis, IN 46227

CONSENT FOR THE TREATMENT OF MINORS

Name of Minor _____

Date of Birth _____ Social Security Number _____-_____-_____

Counselor(s) _____

This is to certify that I give permission for _____
(Name of child)
to be in treatment with Abram T. Sinn. This treatment may include individual, family, or group psychotherapy. It is possible that treatment could take place in the office, school, home or other locations.

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

Phone number _____