

## Admission Document Checklist

Client Name: \_\_\_\_\_

- Information Sheet and Service Contact
- Admission, Consent to Treatment, Fees Agreement
- Personal Assessment
- Communications and Social Media Policies
- Received Patient Bill of Rights
- Insurance Card OR Self Pay Agreement

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

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_