

Brian Winkler, Ph.D.
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I give permission for my son/daughter to enter into psychotherapy with
Brian Winkler, Ph.D.

Name of son/daughter _____

Date of Birth _____

Home Address _____

Mailing Address (if different) _____

Your Contact Number _____

In the event of an emergency when I cannot be contacted please contact

Phone Number _____ -

Parent or Legal Guardian Signature

Date