

Darcy Kazarian M.S. CCC-SLP
Speech Language Pathologist

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General Acknowledgement of Forms

I hereby acknowledge and agree that I had read all of the forms and documents provided to me in connection with evaluation and treatment provided by Darcy Kazarian M.S. CCC-SLP.

I understand the meaning and intent of the provided forms and agree to all content included.

I have been given an opportunity to ask questions about the provided forms and all questions I've asked have been answered to my satisfaction by Darcy Kazarian M.S. CCC-SLP.

Print Name of Client

Date

Signature of Participant or Legal Representative

Relationship to Client