Saint Xavier UNIVERSITY
Ludden Speech and Language Clinic

YEARLY CONSENT FORM

Client Name (print): _____ **Date:** _____

Client Handbook Acknowledgement

The signature below certifies that I am receipt of the 2022 Ludden Clinic Client Handbook and will abide by the policies of the clinic.

Name (if other than client): _____

Signature: _____

Consent for Treatment

I request and consent to receive evaluation, treatment, and/or support at Ludden Clinic to provide care to me/my child as prescribed by a physician and/ or recommended by a Speech-Language Pathologist. I also consent and authorize Ludden Clinic to administer treatment under the direction and supervision of a certified Speech-Language Pathologist when required for the time period of 9/1/2022 to 8/31/2023. I understand I can revoke my consent at any time.

Name (if other than client): _____

Signature: _____

Ethnicity/Race Information

The Ludden Clinic relies on funding from grants which frequently require us to report the percentage of clients served from different ethnicities/races. We kindly ask you to indicate the ethnicity/race from the list below for the client served.

- ☐ American Indian and Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian & Other Pacific Islands
- ☐ Some other race
- ☐ Two or more races
- ☐ White
- ☐ Prefer not to answer