

Zabrin Inan, MD
Child, Adolescent and Adult Psychiatry
233 East Erie St., Suite 600 | Chicago, IL 60611
312.952.3054 | 312.280.8854 Fax

Consent for Mental Health Treatment

I hereby consent to treatment by **Zabrin Inan, MD**, who will be the physician responsible for my care.

CLIENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Zabrin Inan, MD Signature

DATE