

Alpine Special Treatment Center, Inc.

Consent to Admission and Treatment

Date:

Client:

Date of Birth:

Permanent Conservatorship Date:

Facility: Alpine Special Treatment Center

By signature below, the above-referenced facility is authorized to admit the conservatee.

The facility staff members are authorized to provide:

Mental Health Treatment

Routine Medical Treatment

This consent specifically excludes electroconvulsive therapy. This consent specifically excludes any treatment, drug, or procedure of an experimental nature. This consent specifically excludes participation of conservatee in research studies.

It is understood that through order of the court, the Conservator has primary responsibility for authorizing psychiatric care and treatment for the above-referenced patient. Prior to discharge from the facility, approval for discharge must be obtained from the Conservator.

Conservator Information:

Name: _____

Signature of Conservator: _____

Date: _____

Alpine Special Treatment Center, Inc.

2120 Alpine Blvd., Alpine, CA 91901