



**Lisa A. Perry, MSW, LCSW**

Office: 127 Union Ave., Suite 4, Middlesex, NJ 08846

Email: [lpcs214@gmail.com](mailto:lpcs214@gmail.com)

Phone: 908-912-4087

### **Service Agreement**

I have read the Service Agreement for **Life Perspectives Counseling Services, LLC**. I have had the opportunity to raise questions and concerns and they have been addressed satisfactorily. I enter into therapy in agreement with this policy.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Client Sign and date)

\_\_\_\_\_  
(Parent/Legal guardian signature if under 18)

\_\_\_\_\_  
(Therapist Sign and Date)

Referring source (**leave blank if not applicable**):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

I **DO/ DO NOT** authorize **Life Perspectives Counseling Services, LLC** to contact the person who referred me. Circle one if applicable.