



Christine Alisa, M.S.

Peace Through Metamorphosis

## **REGRESSION THERAPY** **CONSENT FOR ADOLESCENTS**

I agree to have my child participate as a client in the process of Regression Therapy for the purpose of clearing deep issues and patterns. I have been instructed in the process and the benefits of Regression Therapy with my child's therapist, Christine Alisa, and understand how it can work to clear patterns and benefit my child's life. During the process if I have any questions I will not hesitate to consult with Christine.

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Christine Alisa, M.S., L.M.F.T, P.L.T.**

\_\_\_\_\_  
**Date**

