Art Therapy Session Enrollment Form

| First Name |
|-------------------------------------|
| |
| Last Name |
| |
| Date of Birth |
| |
| Phone Number |
| |
| Email Address |
| |
| Address |
| |
| Emergency Contact Name |
| |
| Emergency Contact Phone |
| |
| Preferred Session Type |
| Goals for Art Therapy |
| |
| |
| Relevant Health/Medical Information |
| |
| |
| Additional Notes |
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