

Art Therapy Child Intake Form

Child Information

Full Name

Date of Birth

Age

Gender

School

Grade

Parent/Guardian Information

Parent/Guardian Name

Relationship to Child

Phone Number

Email Address

Address

Referral Information

How did you hear about us?

Reason for Referral

Present Concerns

Please describe current concerns or issues

Background Information

Relevant Medical History/Diagnoses

Current Medications

Family Members/Living Situation

Additional Information

Goals for Art Therapy

Has the child participated in therapy before?

Other Comments