Art Therapy Consent Form

Client Information

Date of Birth:	
Address:	
Phone Number:	
Facili	
Email:	
Therapist Information	
Therapist Name:	
Practice/Clinic:	
Purpose of Art Therapy	
Purpose of Art Therapy Consent	

Confidentiality	
Risks and Benefits	
Withdrawal of Consent	
Client Signature:	
Date:	
Therapist Signature:	
Date:	