## **Art Therapy Trauma History Assessment**

## **Client Information** Name Date of Birth Date of Assessment **Presenting Concerns** Describe main concerns or symptoms **Relevant Trauma History** Summarize known trauma history (types, frequency, duration, etc.) **Trauma Impact** How has trauma impacted emotional functioning? How has trauma impacted behavior? Has trauma impacted physical health?

## **Current Supports**

Current support systems (family, friends, professionals, etc.)

Coping Strategies			
How does client currently cope with	trauma?		
Art Therapy Goals			
Goals for art therapy related to trau	ma history		
Additional Notes			
Other relevant information			