

Child Art Therapy Intake Questionnaire

Child Information

Child's Name

Date of Birth

Age

Gender

School / Grade

Parent / Guardian Information

Parent/Guardian Name

Relationship to Child

Contact Number

Email

Address

Referral Information

How did you hear about our services?

Presenting Issues / Concerns

Please describe the reason for seeking art therapy for your child.

Family & Support

List of family members living at home:

Other important support people (friends, professionals, etc.):

Child's Strengths & Interests

What are your child's strengths?

What activities does your child enjoy (including art-related interests)?

Developmental & Medical History

Any significant developmental milestones or concerns?

Medical issues, diagnoses or medications (if any):

Previous Supports or Therapies

Has your child participated in any previous therapy, support groups, or interventions?

Goals & Hopes

What are your goals and hopes for your child's participation in art therapy?