

Art Therapy Client Intake Form

Full Name

Date of Birth

Phone Number

Email

Address

Emergency Contact Name

Emergency Contact Phone

Relationship to Emergency Contact

How did you learn about art therapy?

What are your reasons for seeking art therapy?

Have you participated in art therapy or counseling before?

If yes, please specify and describe your experience:

Current medical or mental health concerns

Are you currently taking any medications?

If yes, please list:

Any allergies or special needs?

Is there anything else you'd like your art therapist to know?