

Art Therapy Cultural Consideration Consent Form

Client Information

Full Name

Date of Birth

Email Address

Cultural Background

Please specify your cultural background (optional)

Are there any cultural practices, beliefs, or traditions that should be respected during therapeutic sessions?

Consent Acknowledgement

I acknowledge that Art Therapy sessions will seek to respect my cultural values and beliefs. I understand that I may discuss any concerns or preferences to ensure a supportive environment. My confidentiality will be preserved according to ethical and legal standards.

Any questions or concerns regarding cultural consideration:

Signature

Date