Artful Aging
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Client Information Form

Today's date: _____

Client's full name: _____ Date of birth: _____
Nicknames or aliases: _____
Home street address: _____
City: _____ State: _____ Zip: _____

Power of Attorney or Responsible Party (if applicable):_____
Relationship to Client:_____
Home street address: _____
City: _____ State: _____ Zip: _____

Preferred phone #: _____ e-mail: _____
Calls or e-mail will be discreet, but please indicate any restrictions: _____
✈ Voicemail OK ✈ Text Messages OK

Payment Information:
✈ Private Pay - Responsible Party: _____
✈ Insurance - Provider Name:_____
Policy #_____
Group #_____
Name of Insured (Policy Owner) _____ Insured's DOB:_____

Referral: Who gave you my name to call?
Name: _____
May I have your permission to thank this person for the referral? ✈ Yes ✈ No
How did this person explain how I might be of help to you? _____
_____

Religious and racial/ethnic identification
Current religious denomination/affiliation ✈ Protestant ✈ Catholic ✈ Jewish ✈ Islamic ✈ Buddhist ✈ Hindu
Other (specify): _____
Involvement: ✈ None ✈ Some/irregular ✈ Active
How important are spiritual concerns in your life? _____
Which (if any) church, synagogue, temple, or meeting are you involved with? _____

Ethnicity/national origin: _____ Race: _____ or other similar way you identify yourself and consider important: _____

Your medical care: From whom or where do you get your medical care?

Facility/doctor's name: _____ Phone: _____
Address: _____
If you enter treatment with me, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? ✈ Yes ✈ No

Please list any relevant information in the following areas:

Important medical information:

_____
_____
_____
_____

Your goals for art therapy treatment:

_____
_____
_____
_____
_____
_____

Prior experience with art:

_____
_____

Employment and/or military history:

_____
_____

Family history:

_____
_____
_____
_____

Is there any other information you'd like me to know?

_____
_____
_____
_____
_____
_____
_____
_____