

Bayside Art Therapy

Larna Howell | 0405 508 582 | PO Box 5499 Manly QLD 4179 | connect@baysideart.com.au

New Client Info Form

Full Name:			
Date of First Session:			
Phone:		DOB:	
Email:			
Suburb/City/State:			
Relationship Status:		Children, inc ages:	
Emergency Contact Person - Name:			
Relationship:		Phone:	

Have you had any complementary therapy treatments before? If so please specify:			
Have you ever been in an art therapy session before and if so what was it like?			
Are you currently under doctor or other specialist care?			
Are you pregnant? If so how many weeks?			
Have you had any recent injuries/surgeries? If so please specify:			
Are you taking any medication/supplements? If so please specify:			
Do you have any vision or hearing problems, for example colour blindness, vision difficulty, seeing glasses or contacts, hearing loss, hearing aids? If so please specify:			
Do you have any allergies/sensitivities? If so please specify:			
Do you have sensitivities to the below which should be avoided in your session? ("X" = AVOID IT)			
<input type="checkbox"/> herbal tea	<input type="checkbox"/> essential oils (in diffuser)	<input type="checkbox"/> incense	<input type="checkbox"/> frequency & vibration music
Other comments?			

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What areas of your life would you like to work with, for example overcoming health, physical, mental, emotional, and/or spiritual issues, or setting and accomplishing goals etc?	
What are your expectations for seeking sessions with Bayside Art Therapy? What are your hopes and what are your end of therapy goals?	
How much time will you dedicate to the art therapy journey? How frequently will you attend? Will you be eager to complete homework and other tasks in your own time to fuel your healing?	
Are there any specific types of therapies you are interested in focusing on?	
What are your strengths?	
Do you have hobbies, arts, sports or activities that you enjoy participating in, now or in the past?	
Do you drink alcohol, smoke cigarettes, or use recreational drugs? If so please specify:	
Do you exercise regularly and eat a healthy and well balanced diet? Please specify:	
Do you sleep regularly? Sleep well? How long for on average each night?	
What is your native language?	
Is there anything related to your culture that we should know that will help make you feel more comfortable? If so please specify:	
Do you have supports in the community?	

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New Client Info Form cont.

How do you prefer to be contacted?	
Are there any important notes about contacting you or leaving messages etc?	
How did you hear about us?	

* PERSON COMPLETING THIS FORM: *			
* if completing for somebody else - full name & number:			
* if completing for somebody else - relationship:			
Signature:		Date:	

<p>* Clients under 18 - Parent Details: *</p> <p>An important part of my practice is partnering with parents and caregivers along with the young people I see.</p> <p>If possible, and unless there is a restriction in place preventing contact due to Family Violence or current Criminal Court proceedings, I prioritise and value connecting with both parents of the children I work with.</p> <p>Although I do not share any detail from sessions due to confidentiality, introducing myself and making a connection with both parents is usually very helpful. If there are concerns around this, please discuss with me.</p>

* CHILD CLIENT ONLY *	
Parent 1 Full Name & Contact Number:	
Parent 2 Full Name & Contact Number:	
Other comments?	
* please ensure that contact / emergency / medical / allergies detail info is accurate *	