



Arts for Replenishment & Change
Therapy for a Fresh Perspective

Brief Background Questionnaire

Name:

Today's Date:

Date of Birth:

Marital Status:

Address:

E-Mail Address:

Home Telephone:

Work/Cell:

Emergency Contact:

Phone:

Occupation:

Employer:

Insurance Information (if applicable):

(Include name of carrier, MEMBER ID #, Group ID#)

1) Have you ever been in therapy in the past? If so, how long ago? And, briefly, what led you into therapy?

2) Are you currently taking any medication? If so, please list medications and dosages.

3) What do you hope to get out of your experience?

Consent to Treatment: _____ Date: _____

Signature of patient or patient's parent/guardian

Please print this form, complete, and bring with you on your first visit.