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Lisa Lounsbury
MA, LMFT, ATR-BC
Licensed Marriage & Family Therapist
Board Certified Art Therapist
Executive Director

Client Profile - Adult

Client Information

Client Name: _____

DOB: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (primary): _____ Okay to leave message? Yes No

Phone (alternate): _____ Okay to leave message? Yes No

Occupation: _____

Employer: _____

Email: _____

See Informed Consent Form for our email and communication policies.

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ circle one: home/work/mobile

Alternate phone: _____ circle one: home/work/mobile

Payee/Responsible Party for Payment (if different than self):

Full Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ circle one: home/work/mobile

Payment Self-pay Sliding Fee \$ _____ (per session)

(Initial) _____ **Self-Pay** - I agree to the financial agreement as stated above.

(Initial) _____ **Payee/Responsible Party for Payment** (if different than primary caregiver)



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Signature page for Client Profile

I, _____ agree to serve as a payee for the above client. I agree to the financial agreement in the informed consent. I understand that Art Lab Rx does not provide paper billing. A receipt will be provided upon your request.

Client signature: _____ Date: _____

Parent/Guardian signature: _____

Date: _____

Payee/Responsible Party signature (if different than client):

_____ Date: _____

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