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## Client Profile - Minor

### Minor Client Information

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Okay to leave message? Yes  No

Phone (mobile): \_\_\_\_\_ Okay to leave message? Yes  No

Student: Yes  No  Part-Time  Full-Time  School: \_\_\_\_\_

Email: \_\_\_\_\_

Parents' relationship/marital status: \_\_\_\_\_

Primary caregiver: \_\_\_\_\_

*See Informed Consent Form for our email and communication policies.*

### Parent/Guardian #1

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

### Parent/Guardian #2

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Signature Page for Client Profile - Minor

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

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

Email: \_\_\_\_\_

### 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)

I, \_\_\_\_\_ agree to serve as a payee for the above minor. 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 primary caregiver):

\_\_\_\_\_ Date: \_\_\_\_\_

*Rev 02/08/2021*