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## Client Referral Form

### Referral Guidelines

1. To refer a potential client, please complete this form and return it on or before the initial session
2. Payment arrangements must be made before the initial session. Art therapy as a naturopathic service is covered under most insurances. For individuals with limited incomes, a flexible payment schedule can be considered on a case-by-case basis.

### Client Information

Client Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Next of kin: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### Referral Information

DOB (age): \_\_\_\_\_ Has the client ever participated in art therapy before? \_\_\_\_\_  
Immediate Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Referral Source: \_\_\_\_\_  
\_\_\_\_\_  
Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Date Received: \_\_\_\_\_ Initial Session: \_\_\_\_\_