



Expressive Arts Therapy REFERRAL FORM

Client Information and Consent

General Information

Full Name: _____ Date of Referral: _____

Pronouns: ___ She/Hers ___ He/Him ___ They/Them ___ Other: _____

Address: _____

Phone Number: _____ Referral Source: _____

Emergency Contact (Name, Relationship, Number): _____

Institutional Involvement: _____

Reason for Referral: _____

Primary Contact Details

Name: _____

Phone Number: _____

Is it okay to leave a voicemail? ___ yes ___ no Is texting okay? ___ yes ___ no

Email Address: _____

Signature: _____

Please send completed Referral Form to: salima@paintitout.ca