



Please Print and Fill Out Sections that Apply:

Name: _____ Date of Birth: _____ Today's Date: _____

Cell Phone: _____ Home Phone: _____ Race (Optional): _____

Address: _____ City: _____ State: _____ Zip: _____

Is this a: Family Residence Nursing Home Independent Living Assisted Living Group Home Other _____

Confidential Communication Agreement: Is it OK to call/leave a message on your phone? Yes No

Please Check the Box if same as address above

Billing Address: _____ City: _____ State: _____ Zip: _____

Billing Agency: _____ Contact: _____ Phone: _____

Legal Guardian: _____ Phone: _____

Please Indicate SELF if you are your own legal guardian.

Social Worker: _____ Phone: _____

Transportation Method: _____ Contact/Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Client: _____ Email: _____

Preferred Studio Location:

- Waukesha – 247 Wisconsin Avenue, Waukesha WI, 53186
 West Milwaukee – 1345 S. 47th Street, West Milwaukee WI 53214

General Information

Marital Status: Single Married Separated Widowed Divorced

Place of Employment/School _____ Full-time _____ Part-time _____

Are you a Military Veteran: Yes or No

Highest Academic Level: _____

Hobbies or Interests: _____

Medication Allergies: _____

Food Allergies: _____

Environmental Allergies: _____

Dietary Restrictions: _____

Medical Information

Name: _____ Date of Birth: _____

Current Medical & Mental Health Doctor(s): _____

Email: _____ Phone: _____

Current Medical and Mental Health

Diagnoses: _____

Date of Diagnoses: _____

Current Medications: None:

Medication	Dosage	Time Taken	Condition Being Treated

Are there any particular triggers you may have that we should be aware of? Yes _____ No _____

Examples: Loud Noises, Being Approached, Certain Phrases, Bright Lights, Touch (Shoulder Tap or Handshakes)

What is the best way to assist you when you are triggered and need a break?

Adaptive Equipment: Wheelchair Walker Oxygen Tank Hearing Aides Glasses Other: _____

What is the best way for you to receive instruction and assistance from others?

Verbal Demonstration Written Step-by-step Will Initiate Request for Assistance Other: _____

Brief description of why you are choosing to participate at Donna Lexa Art Centers:

What goals or outcomes would you like to achieve at Donna Lexa? (Check all that Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Artistic Skills | <input type="checkbox"/> Relaxation | <input type="checkbox"/> Reduce Anxiety |
| <input type="checkbox"/> Self-Awareness | <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Community |
| <input type="checkbox"/> Life Enrichment | <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Artist Identity |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Sensory Stimulation | <input type="checkbox"/> Independence |

What art materials are you interested in? (Check all that Apply)

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Painting | <input type="checkbox"/> Weaving |
| <input type="checkbox"/> Mosaic | <input type="checkbox"/> Marker | <input type="checkbox"/> Oil Pastel |
| <input type="checkbox"/> Collage | <input type="checkbox"/> Colored Pencil | <input type="checkbox"/> Mixed Media |
| <input type="checkbox"/> Watercolor | <input type="checkbox"/> Clay | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Other _____ | | |

As an agency that employs art therapists and art therapists in-training, we are governed by various laws and regulations and by a code of ethics. The Ethics Code requires that we make you aware of specific office policies and how these procedures may affect you. The Art Therapy Credentials Board (ATCB) oversees the ethical practice of art therapists and may be contacted with client concerns; 7 Terrace Way, Greensboro, NC 27403-3660, 877-213-2822. Please note that your individual provider may be an Art Therapist supervised by a licensed mental health professional and your group's session content may be discussed with an outside supervisor.

My signature below confirms that my rights as a participant have been explained to me, that I give my consent for art therapy, and that I have been given a copy of the Client Rights and Grievance Procedure for Community Services and Notice of Privacy Practices and that I have been provided with an opportunity to review it.

Signature

Print Name

Date

Reviewed by Provider

Date



Welcome to Donna Lexa Art Centers. We supervise undergraduate art therapy and art therapy/art education students, as well as graduate level student's pursuing their master's degree in art therapy. As such, we are governed by various laws and regulations and by the Art Therapy Code of Professional Practice, Art Therapy Credentials Board, 7 Terrace Way, Greensboro, NC, 27403-3660, 877-213-2822. The Ethics Code requires that we make you aware of specific office policies and how these procedures may affect you.

Client Rights: Your participation in our art groups is strictly voluntary and you may leave the relationship any time you wish. Please keep in mind that ending a therapeutic relationship can be difficult and closure is very important when moving on. Given this, we respectfully request that you give a minimum two weeks' notice so we can conclude our relationship on a healthy and positive note. Also, we can discuss your pertinent needs and goals with a legal guardian should you have one assigned to you.

Limits of Confidentiality: Sessions between art therapists and clients are confidential, except under certain legally defined situations involving threats of harm to self or others, and situations of child abuse, elder abuse, or abuse of otherwise dependent individuals. In the case of danger to others, we are required by law to notify the police. In the case of harm to self, we are ethically bound to inform the nearest relative, significant other, or to otherwise enlist methods to prevent harm to self or suicide. In instances of child abuse, elder abuse, or dependent abuse, we must notify the proper authorities. Participating in a group experience can be very rewarding, although in a group there is no absolute guarantee of complete confidentiality.

Insurance: At this present time, Donna Lexa Art Centers does not accept insurance. As such, we respect clients that are in financial need may require a reduced fee. The client must provide proof of need by completing the necessary form. The form must be approved prior to the group session, and be kept on file with Donna Lexa Art Centers.

Telephone Accessibility & Emergency Protocols: Should you need to contact Donna Lexa staff between sessions, we will return calls during the scheduled business hours, Monday through Thursday 9am – 3pm. We cannot guarantee an immediate returned call, although every effort will be made to return calls within a reasonable amount of time. If you have a life-threatening emergency, please call 911 for help.

Payment & Fees: Billing is prepared monthly and is payable upon receipt. A late fee may be charged for overdue payments. Two weeks' advance notice of discontinuation or an extended planned absence is required. If a session is missed without prior notification, payment of session fee will be the responsibility of the participant or financial representative. Participants are expected to ensure, negotiate, or designate responsibility for fee payment in a timely and consistent manner. Questions regarding billing should be directed to the Business Office at 262-521-2292. My signature below indicates I understand these responsibilities and I agree to comply with all expectations and billing procedures.

Appointments & Cancellation Policy: Sessions are ___2___ hours long, unless a fee and time are agreed upon that supersedes the terms of a regular session. Occasionally, you may have to miss a group session, please notify Donna Lexa Art Centers as soon as possible, at least 24 hours in advance; if there is a 24-hour notice, you will not be charged.

I have read, understood, and agreed to the above-mentioned conditions:

Signature

Date

Signature of Parent/Guardian if Client is a Minor

Date