



Art of Therapy Center  
*A holistic approach to therapy with families.*

## Contact Form

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

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian Name(s):

\_\_\_\_\_

What is the best telephone number to reach you?

\_\_\_\_\_

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

Is it okay to leave a message on the machine?

\_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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