

Referral Form

Written by: Claire Boulter

Date completed: 08/10/2024

Due for review: 01/08/2025

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| --- | --- |
| Name of Child:  |  |
| Date of birth: |  |
| Parents Names: |  |
| Home Address:  |  |
| Identifies as:  |  |
| Ethnicity: |  |
| Home language: |  |
| School the child attends: |  |

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| **Background information and reasons for referral:** Please include the reasons for the referral and what you think is the cause of this.  |

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| **What four things do you hope will happen as a result of play therapy?** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

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| **Please give details of any other intervention this child has received and when?**    |

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| **Please give details of any diagnosis** (e.g. ADHD), **any medication and/or other medical problems or allergies:**  |

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| **Please give details of any other agencies involved with this family:**  |

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| **Educational level and information (how is the client performing academically?):**  |

All referral forms must also have a SDQ form attached when sending to therapist.

Have you completed and attached this form:

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| Who has Parental responsibility?  |  |
| Are all those holding parental responsibility aware and happy for play therapy to take place?  |  |
| Is the child adopted or in foster care?  |  |

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| **Any additional information you feel relevant to share when completing this referral?** |

I am happy with the information provided to the therapist and would like the referral to be handed to the therapist.

Name: ……………………………………………………………………………………………………………

Job title/ relationship to client:…………………………………………………………………………………………………..

Signature:…………………………………………………………………………………………………….

Date:……………………………………………………………………………………………………………..