



Children's Referral Form

Call: 07891 209081

Private and Confidential

Name of child:		M/F	D.O.B:		Today's date:	
Parent(s)/Carer's Name:			Referrer's Name:			
Childs Home Address:			School Name and Address:			
Home Telephone:			Telephone:			
Mobile Number:			E-mail:			
Referrers Name:			Childs School Year and Class:			
Family Status: Both Parents Lone Parent Step Carer (e.g. Foster Carer, Grandparent)						
Who has parental responsibility?			Are all those holding parental responsibility in agreement with therapy? Yes No			
Ethnic origin:			Home Language:			
Religion:						
Is the child on Child Protection Register? Yes No Please state Category:						
Social Worker details:						
Is the child adopted / fostered or in the process of being adopted? (please circle)						Yes No
External agencies involved (please specify):						
Any CAF, Statement or Plan etc. for the child?			Any court proceedings planned or underway?			
			Details:			

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

(Please provide full details to enable me to have an understanding as to your concerns and reason for referral. Use separate sheets if required)

What are the reasons for concern? Which emotional / behavioural issues are problematic for the child?

1.

2.

3.

4.

What do you think is the cause of this?

Has the child experienced any significant losses, separations or family difficulties?

Please give any known details of the child's history (birth, babyhood, illnesses etc.)

Details of other family members (siblings, significant relatives)

What do you hope will happen as a result of seeing the Play Therapist?

1.

2.

3.

4.

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

Please give details of usual behaviour management methods used at home

Anything else to be aware of / other comments:

Please return to snakesandladderstcpt@gmail.com with completed Parent Consent Form.

Signature of Referrer:

Date: