Hollyhock Play Therapy

Referral Form for Individual Play Therapy

Name of child:		**M/F**	**D.O.B:**
Year Group:	**Class:**		**School:**
Home address:			**Email (parent):** **Phone number (parent):**
Ethnicity: **Home Language:**			**Email (school contact):** **Phone number (school):**
Family Composition: (Who does the child live with, contact arrangements etc)			

Background information and reasons for referral: Please include the reasons for the referral and what you think is the cause of this. Please include timescales and any escalation.

What four things do you hope will happen as a result of the child receiving Play Therapy?	
1.	
2.	
3.	
4.	

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

Historical problems: (Please include any details of trauma, attachment difficulties, loss, significant life events and any diagnosis of medical conditions, including neurodiversity.)

Any medication and/or other medical problems or allergies:

Please give details of any other agencies involved with the family:

Any practical considerations that I need to be aware of such as transport issues, first aid, toileting, emergency contact etc:

Other information:				
Referred by:	**Teacher**	**Parent**	**Self**	**Other**
Child's attendance level…				

Details of any exclusions…		
Tick as appropriate:	**Additional Support in School**	**Education Health and Care Plan**
Is this child adopted or in the process of adoption?	**Is this child Fostered?**	
Who has parental responsibility?	**Are all those holding parental responsibility in agreement with therapy?** **Yes No**	

Is there *an Early Help Notification form* currently open on this child? (If yes please attach a copy)	**Yes**	**No**

Signature of Referrer/Parent:	**Date:**

*Parent or person with Parental Responsibility MUST have signed and returned the consent form before therapy can commence.

***Parent consent:**	**Yes**	**No**	**Child consent:**	**Yes**	**No**

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REGISTERED