Hollyhock Play Therapy

Referral Form for Individual Play Therapy

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| **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) | | | |

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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. Please include timescales and any escalation. |

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| **What four things do you hope will happen as a result of the child receiving 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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| **Historical problems: (Please include any details of trauma, attachment difficulties, loss, significant life events and any diagnosis of medical conditions, including neurodiversity.)** |

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| **Any medication and/or other medical problems or allergies:** |

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

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

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| **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** | | | |

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

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

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| **\*Parent consent:** | **Yes** | **No** | **Child consent:** | **Yes** | **No** |

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