

Play & Creative Arts Therapy Referral Form



Pupil Name:		Today's Date:
Date of Birth:		Current Age:
Gender: M / F	Ethnic Origin:	Preferred Language:
Referrer Name:		Position in School:
Telephone number:		Email:
Class Teacher		Other relevant staff member(s):
Name:		
Email:		
Parent 1 contact		Parent 2 contact
Name:		Name:
Number:		Number:
Relationship to child:		Relationship to child:
Family Status (eg. Lone parent/step parents/carer):		
Pupil Information: Please give relevant information of current or previous input from services	Ed Psych: Y/N	Contact Details (Name, Service, Phone No./Email)
	Early Intervention Service (HUB): Y/N	
	Social Services Involvement: Y/N	
	HSLW Involvement: Y/N	
Pupil Premium: Y/N	Other relevant professionals:	

Any Medical Conditions: Y/N Details:	Any Allergies: Y/N Details:
Any developmental Conditions/ Learning Difficulties diagnosed or pending diagnosis: Y/N Details:	
Child's Presenting Issues:	
Environmental Issues: (I.e. Any obvious difficulties thought to be impacting the wellbeing of the child).	
What differences would you like to see as a result of the child attending Play & Creative Arts Therapy?	1. 2. 3. 4.