



Sequoia Therapy

Website: [www.Sequoiatherapy.co.uk](http://www.Sequoiatherapy.co.uk) Email: [sequoiatherapy@outlook.com](mailto:sequoiatherapy@outlook.com)

## Referral Form

### Referral Guidelines

1. All information will be kept confidential and secure.
2. If it is decided no further action will come from this referral form, all information will be destroyed.
3. Information is collected for giving the best support and advice.

### Therapy Services (please circle)

**Play Therapy/Lego Therapy/AutPlay Therapy/Therapeutic Lifestory Work/Creative Arts Therapy**

### Clients Information

Name:

Gender:

Home Address:

Date of Birth:

Phone(s): (check preferred contact number)  Home:

Mobile:

Work:

Diagnosis/Difficulties:

Known allergies/medication/medical problems:

GP:

Professionals involved:

Likes and interests:

Dislikes:



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### **Responsible Adult(s) Information**

Adult 1: Name:	Relationship to the child: Parental responsibility: Yes No
Home Address:	Work Address:
Employer:	Work position:
Phone(s): (check preferred contact number) <input type="checkbox"/> Home:	<input type="checkbox"/> Mobile: <input type="checkbox"/> Work:
Adult 2: Name:	Relationship to the child: Parental responsibility: Yes No
Home Address:	Work Address:
Employer:	Work position:
Phone(s): (check preferred contact number) <input type="checkbox"/> Home:	<input type="checkbox"/> Mobile: <input type="checkbox"/> Work:
Are all those holding parental responsibility in agreement with therapy? Yes No	
Is the child adopted or in adoption process?	Is the child fostered?
Emergency contact:	
Does the child give consent for therapy? (where possible)	
<b>Areas of difficulty</b>	
Child's view:	
Parents view:	
School's view:	
Others view:	



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### **History of Presenting Difficulties**

(Define precipitants, impact on/reaction from environment, situations variations, attempts to resolve problem and results, and changes in problem over time)

### **Education**

Current school name and address:

School placement history/problems:

Contact number:

Teacher:

Specific problems:

Special education or support services (describe):

Family history of learning or attention problems:

**Adult 1: Signature**

**Adult 2: Signature**