



Creative therapy Referral Form

Child/adolescent Details

Date: _____

Name

Date of Birth

Address

School/
Class

Parent/s/guardian/s details

1

2

3

4

Name

Contact
Details

Family Composition *(Please include all individuals who live at home)*

Accommodation Details: Please tick the box that best describes your current accommodation:

Hostel/congregated
setting

☐

Family
Hub

☐

Shared Accommodation
(with friends / family)

☐

Apartment

☐

House

☐

Other

☐

If 'Other' please give details

Relevant Medical Information:

(Please include relevant details regarding mobility, hearing, sight, allergies, sensory needs etc.)

Please let us know if your child has any Special Needs/Recent Psychological Assessments (e.g.: sensory, dyslexia, dyspraxia, ADHD, EBD, ASD, allergies, etc.)

Please include any additional relevant information that you think would be important for us to know about your child:



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Part II:

How do you think your child might benefit from engaging in creative Therapy?

What would you say are your child's strengths?

What specific activities and past times does your child enjoy most? *(e.g.: sport, arts & crafts, Lego, music, dance, scouts; types of game; working by him/herself; particular themes or characters.)*

In terms of social skills and engaging with others, can you identify any areas where your child might benefit from extra support?

If you had a wish for your child what would it be?

Please include any other relevant information that you feel might be important for us to know regarding your child: *(e.g. recent bereavement; changes in family circumstances; house move; change of school etc.)*