

CREATIVE ARTS THERAPY DEVON CIC

PROFESSIONALS REFERRAL FORM

PLEASE READ PRIOR TO COMPLETING THIS FORM

Please note that all personal data is stored securely in accordance with GDPR.

All information provided on this referral form may be shared with the other supporting adults named on the form and the child or young person, if we believe that to do so would enhance the therapy process. If there is any information you have concerns about sharing, please arrange a confidential meeting with us to discuss your concerns further.

Please ensure that you have permission from the relevant parties prior to sharing any confidential information.

The purpose of this form is for the CATDevon team to be able to get as comprehensive a picture as possible of the young person referred to help us assess what support is needed for the young person and whether we are best positioned to provide this support. Therefore, please complete this as thoroughly as possible. Ideally this would be submitted along with the *ParentCarer Supporting Information* form and any reports etc that you think may help to inform our decision making.

Please send referral forms securely by email either through a secure emailing system or by first encrypting the document with a strong password before you save and send. A strong password should include a word chosen at random, numbers and a special character. Please inform the therapist of the password via phone or text message. Please contact us if you need support with this.

If completing the form on the computer please switch off bold text when answering the questions.

About the Referrer:	
Name and Address of Referrer (if part of an organisation please put name and address of the organisation):	Date:
	Name of the Referrer:
Telephone Number:	Job Title/Role of Referrer:
Email Address:	Please highlight/circle if you are happy for me to contact you via the following methods: SMS Email Phone Leaving messages on your answerphone
About the Child/Young Person's School	
Name and Address of School:	Class:
Name of Teacher:	Name of SENCO:

Telephone Number:		Email Address:	
Have you informed the school about this referral?		Child Protection Lead:	
Do you prefer for the child/young person to receive therapy sessions at the school or at an alternative venue?		If you would like sessions to take place at an alternative venue & have one in mind, please put the details for this venue below & state why it is your preference	
About the Child/Young Person			
Name:		D.O.B:	
Class:		Year:	
Ethnic Origin:	If English is not the child's first language: What is the child's first spoken language? How proficient is their spoken English?		
Does the child have any disabilities?			
Family Status: Who lives at home?			
Has an Early Help Assessment Tool been completed for the family?		Yes	No
Is there current social care involvement with the family?		Yes	No
Has there previously been social care involvement with the family?		Yes	No
Please outline the reasons for any current or historical social care involvement:			
Current Level of Need (please circle): 2 3 4		Is the child on the child protection register? Yes No	
Is there a court order in place with regards to the child and/or their family members? Yes No			
Please outline the details of any court order relating to the safety and well-being of the child referred.			
AGENCY INVOLVEMENT: Please list all agencies directly involved with the child and their contact details	Agency	Contact Details	
Is the child or family currently receiving or previously received therapy or counselling support? Yes No			
If Yes, please outline the support received & the contact details of the therapists, if known			
SEN	Stage:	Area of Need:	

SEND	Single Agency Response <input type="checkbox"/>	Early SEND request for involvement <input type="checkbox"/>
	Team Around Me <input type="checkbox"/>	SEND Support Plan <input type="checkbox"/>
EHC	Statutory EHC Assessment <input type="checkbox"/>	Statutory EHC Plan <input type="checkbox"/>
Please provide the name and address of the child's GP:		
Is the child receiving medication? Yes/No	If yes please provide further details	
Does the child have any medical conditions, including allergies, that may need to be included in the therapists risk assessment? Yes/No If yes please give further details below:		
Family Details:		
Parent/Guardian 1		
Name:	Ethnicity:	Religion:
Legal status in relation to the child: Does this family member have parental responsibility for the child?: Yes No If yes, has a parental consent form been completed and signed by the parent/guardian?: Yes No If No, please contact the therapist to discuss the reasons why, prior to submitting this form		
Please describe any disabilities or additional needs that need to be accommodated when communicating or meeting with the parent.		
Please describe any issues or concerns that we need to know in order for us to work safely including lone working and home visits? This includes threat of assault, intimidation, dangerous animals, weapons on the premises, threat from potential visitors etc.		
Please can you also provide any significant information that may be relevant to contacting this parent such as whether they are supportive of therapy and whether you have a positive relationship with this parent.		
Parent/Guardian 2:		

Name:	Ethnicity:	Religion:
Legal status in relation to the child: Does this parent/guardian have parental responsibility for the child?: Yes No If yes, has a parental consent form been completed and signed by the parent/guardian?: Yes No If No, please contact the therapist to discuss the reasons why, prior to submitting this form		
Please describe any disabilities or additional needs that need to be accommodated when communicating or meeting with the parent.		
Please describe any issues or concerns that we need to know in order for us to work safely including lone working and home visits? This includes potential threat of assault, intimidation, dangerous animals, weapons on the premises, threat from potential visitors etc.		
Please can you also provide any significant information that may be relevant to contacting this parent such as whether they are supportive of therapy and whether you have a positive relationship with this parent.		
Parent/Guardian 3:		
Name:	Ethnicity:	Religion:
Legal status in relation to the child: Does this parent/guardian have parental responsibility for the child?: Yes No If yes, has a parental consent form been completed and signed by the parent/guardian?: Yes No If No, please contact the therapist to discuss the reasons why, prior to submitting this form		
Please describe any disabilities or additional needs that need to be accommodated when communicating or meeting with the parent.		
Please describe any issues or concerns that we need to know in order for us to work safely including lone working and home visits? This includes threat of assault, intimidation, dangerous animals, weapons on the premises, threat from potential visitors etc.		
Please can you also provide any significant information that may be relevant to contacting this parent such as whether they are supportive of therapy and whether you have a positive relationship with this parent.		
Siblings		

Name	D.O.B	School	Gender	Disability/SEN? If 'yes' please give further details below.	Living with the referred child?	On a CP Plan? If 'yes' please give further details below

Further Information:

Details of other adults living in the home with the child

Full Name:

Relationship to the Child:

Legal Relationship to the Child:

The Therapeutic Intervention

If Known, please tick the preferred intervention for this child (although this preference will be taken into account, the final decision rests with the therapist based on the outcomes of a thorough referral process):

1:1 Therapy
 Group Therapy
 Parent-Child Therapy
 Family Therapy

Please provide reasons for your preference:

At Creative Arts Therapy Devon we provide a variety of therapy interventions e.g Play Therapy, Art Therapy, Drama Therapy. Do you have a preferred therapy medium or practitioner you would like to work with? If so, please give reasons for this preference.

Please outline any behaviours that poses a risk to the safety of the child/young person or adults working with the child. Please include any history of self-harm.

Please outline any difficulties the child/young person has had to experience in their lives, clearly stating if this is current or historical.

What do you consider to be the child's strengths?

How does the child respond to new environments or people? Do they separate easily from their parent/guardian?

How does the child respond to rules and boundaries?

How does the child respond to sensory input such as light touch, loud noises, tastes and textures of foods, the feel of clothing etc?

What strategies are you already using to support the child? How effective are these strategies?

What positives or protective factors do you think the child currently has in their lives, for example close friends, family relationships or hobbies?

What support does the family have in place? (this can be informal support networks such as family and friends)

Please outline your main reasons for referral

Please briefly state up to 3 hoped for outcomes of this referral:

Review Date:

Any other comments:

**I consent to all information on this form being shared with the other persons named on the form. I confirm that I also have permission to share any confidential information included on this form.
Referrer Name and Job Title/Relationship to the Child:**

Signed:

Date: