

|  |  |
| --- | --- |
| **Child Play Therapy Referral Form**  **Please email this form to Jean Borg: playfulmindsplaytherapy@hotmail.com** | |
| **Details of Referrer** | |
| **Date of referral** |  |
| **Name of person completing this form** |  |
| **Relationship to the child** |  |
| **Contact details of referrer** | **Name:**  **Phone:**  **Email:** |
| **Details of child/young person/family** | |
| **Name of child/young person** |  |
| **D.O.B** |  |
| **Address** |  |
| **Primary caregiver name(s)** |  |
| **Phone number of primary caregiver(s)** |  |
| **Reason for referral** |  |
| **Does the child have any disabilities or developmental delays?** |  |
| **Brief family history** |  |
| **Other professionals involved** |  |
| **Has the child, young person or family being involved in any other therapeutic interventions?** |  |
| Signature (referrer).......................................................................... Date: .................  Signature (parent/carer)……........................................................ Date: .................  **Please email this form to Jean Borg: playfulminds@outlook.com.au** | |