# REFERRAL FORM

## Referrer details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First |  |

|  |  |
| --- | --- |
| Position: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone: |  | | Alternate Phone: |  |
| Email |  | | | |
| Date of Referral: |  | | | |
| Funding (i.e. funded or private) |  | If funded please detail invoice address: | | |
| How did you hear about Toucan? |  | | | |

## Child Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | |  | |  |
|  | Last | | First | |  |
| Date of birth: |  | Male/Female: | |  | |
| Family status: |  | | | | |
| Ethnic origin: |  | | | | |

## Resident Parent(s)/Carers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Parent / Carer / Foster Carer (*please delete as appropriate)***  Full Name: | | | | | | |
|  | Last | | | | First |  |
| Address: |  | | |  | | |
| Primary Phone: |  | Email: |  | | | |

## Non Resident Parent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  | | |  | |
|  | Last | | | First |  |
| Address: |  | | | | |
| Primary Phone: |  | Email: |  | | |

## Availability – Please indicate which days the child could attend play therapy sessions

|  |  |  |  |
| --- | --- | --- | --- |
| Is the child able to attend a session during school day? | Yes No | School: |  |
|  | Contact: |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Please select days and times of availability: | | | | | | Tuesday | AM |  | PM |  | | Wednesday | AM |  | PM |  | | Thursday | AM |  | PM |  | | Friday | AM |  | PM |  | | | Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Phone: |  |
| Email |  |

## External agencies

|  |  |
| --- | --- |
| Are any external agencies involved? Y/N: |  |
|  |  |
|  |  |
| If yes, please give details: |  |
|  |  |
| Allergies Does your child suffer from any allergies or skin conditions? Y/N  (We use a wide range of play and creative arts materials)  If yes please give details: |  |

## Reason for referral