# 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: |  |
|  |  |
| AllergiesDoes 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