Stepping Stones

Therapy Referral Form

Referred By:____ Date: / /

Allocated Social/Case Worker: ____

Senior Practitioner/Supervisor: ____

Address: ____

Tel & Extension Number: _______________________Fax: _______________________

E-mail Address: ____

Is the family aware of the referral? **YES** ☐ **NO** ☐

How does the family feel about the proposed therapeutic work?

Has the initial assessment been completed? **YES** ☐ **NO** ☐

Has a core assessment been completed? **YES** ☐ **NO** ☐

NB The referral will not be passed on to management for allocation until the initial and core assessment (where applicable) have been received

Client Name (BLOCK CAPITALS and DOB): _______________________________

Family Name: ____

Home address: ____

Postcode: _______________

Tel: ______________________ Mobile: ______________________

FAMILY DETAILS

Full Name	*CP Register (What Category) Legal Status*	*Address/ Telephone*	*D.O.B*	*Gender*	*Ethnic Origin*	*Preferred Language*	*Relationship to client*

Key Agencies – If currently working with the family			
GP:	**Tel:**	**C.P.N:**	**Tel:**
HV:	**Tel:**	**YOT:**	**Tel:**
Nursery:	**Tel:**	**G.A.L.:**	**Tel:**
School:	**Tel:**	**Others:**	**Tel:**

Is the child subject to a court order of court proceedings? (please comment)
Is there any information about race, gender, sexuality, disability, health, immigration status, mental health or religious beliefs that would enable the therapist to provide a more appropriate service?
Have any family members been suspected, or convicted of: sex offences, domestic violence, physical/emotional abuse or other violent crimes? Please give names and relevant details:

Client’s Background History **(i.e. details of family history of origin, subsequent moves, changes and losses)**
What are the future plans for the client?

Please Identify family strengths
Any further information

FOR MANAGEMENT USE ONLY

Date referral received: / /

Date of response: / /

Referrer contacted/acknowledgement sent: / /

Date allocated: / / Allocated Worker/s ______________________________

Return to: Stepping Stones (Child Therapy Consultants)
4 Richmond Road
Cardiff
CF24 3AS