

Art Therapy Referral Form

Child's Name: _____

Date of birth: _____

Class: _____

Mother's Name: _____

Tel: _____

Father's Name: _____

Tel: _____

Address: _____

Siblings:

Significant others in child's life

Family circumstances/ custody

Other agency involvement: G.P / Public Health Nurse/ Family Support Worker/ Youth Worker/ Social Worker/ Pastoral Care/ Counselling

Reason for Referral:

Aims for this child:

Strengths of this child:

Special interests/ hobbies/ activities:

Birth/ Development/ Health issues:

How do you think therapy may help your child?

How do you think the family can support this child in making changes?

Other relevant information:

Short term aims.

Long term aims.

Signed: _____

Date: _____

Art Therapist