**St Leonards Childrens Counselling**

REFERRAL FORM

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child/young person’s name: | | | | |
| DOB: | | | Age: | Gender: |
| Main Parent/ Carers Name: | |  | | |
| Address: | |  | | |
| Post Code: | |  | | |
| Telephone No: | |  | | |
| Email: | |  | | |
| Does the family know about this referral? Y / N | | | | |
| School Attended: Year: | | | | |
| Any other agencies involved (give contact details where possible): | | | | |
| Name of referring person & organisation: | | | | |
| Referrer’s contact number & Email : | | | | |
| Reason for referral | | | | |
| Safeguarding Issues?  (CP/LAC/etc.) | | | |
| Current risks?  (self-harm/ suicidal thoughts/risky behaviour) | | | |
| Any further referral information (i.e. change in child behaviour/cause for concern/ support needed) | | | |