**Child and Family Therapy Referral Form**

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| **Date of Referral:** | | |
| **Confirm Consent has been given by client to be added to RC database: (Y/N)** | | |
| **Please give the details of the child this referral pertains to; or, if the referral is for the whole family, please give the details of one of the children** | | |
| **First Name:** | | **Family name:** |
| **DOB:** | **Age:** | **Gender:** |
| **Current Address:** | | **Telephone No:**  **(please specify whose number it is)** |
| **Country of Origin:** | | **Nationality/Ethnicity:** |
| **Refugee Council support worker (if known):** | | **TO BE COMPLETED BY REFUGEE COUNCIL ONLY**  **Database Number:** |

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| **Family details** | |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Name:** | **Relationship to child:** |
| **Preferred language:**  **Nationality/Ethnicity (if different):** | **Interpreter required:**  **Yes**  **No**  **Language required:**  **Preferred interpreter (if known):**  **Preferred gender of interpreter:**  **Female**  **Male Either/Any**  **Preference not known (RC to ask client when booking assessment)** |
| **Preferred gender of therapist:  Female  Male  Either/Any**  **Preference not known (RC to ask client when booking assessment)** |

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| **School details** | |
| **Name of school:** | **Address:** |
| **Teacher’s name:** | |
| **Other key contacts in school:** | **Telephone No:** |

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| **GP details** | **Social Services or other support services** |
| **GP name:** | **Name & Role:** |
| **Address:** | **Tel. No:** |
| **Tel. No:** | **Email:** |

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| **Reason for referral** |
| **What are the family’s main concerns? What are your concerns?** |
| **What is working well in the family (e.g. identified strengths, protective factors, other relationships that have a positive impact)?** |
| **Is the family aware of the referral? Who might come to therapy?** |
| **Any risk issues:** |

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| **Referrer’s details** | |
| **Name & Role:** | **Email:** |
| **Tel. No.** | **Date:** |

Please return this form to: [Therapeutic.Sheffield@refugeecouncil.org.uk](mailto:Therapeutic.Sheffield@refugeecouncil.org.uk)