



Confidential

At what point/stage did you become concerned? What has made you seek help now?

Family: Please tick the family structure:

Both parents _____ Lone parent _____ Foster parent _____ Step parent _____
Child in Care _____ Adoptive Parent _____ Other _____

Who is there living at home?

Name	Relationship to child	Age

Who has Parental Responsibility?

Who has a special relationship with the child?

How is the child at home?

How do you manage their behaviour?

How does the child interact with other family members?

Has the child had to cope with anything really difficult? (difficult birth, bereavement etc?)

What are the best things that have happened to the child?

What are the child's good points?



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Childs background history (i.e. Family history of origin/losses/trauma)

Agencies currently involved with the family:

G.P	_____	_____
Health Visitor:	_____	_____
C.P.N <small>Community Psychiatric Nurse</small>	_____	_____
Guardian ad Litem	_____	_____
Social worker	_____	_____
CAMHS	_____	_____
Other	_____	_____

Name of doctor: _____
Address of doctor: _____
Postcode: _____ Tel: _____ Mobile: _____

Child Protection Register: Currently _____ Previously _____ N/A _____
(if they have been please provide details)

Is the child subject to court proceedings? Yes _____ No _____ (if yes please comment)



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Is there any information about mental health, physical health, disability, race, gender, sexuality, religious belief or immigration status that would enable the therapist to provide a more effective service?

Further information:

(Developmental History: Health / Development, Eating Habits, Sleeping Habits, Social Relationships)

Please give details of any other intervention this child has received and when?

Please give details of any diagnosis (e.g. ADHD), any medication and/or other medical problems or allergies:



What four things do you hope will happen as a result of the child going to Play Therapy?
1.
2.
3.
4.

Other information:

Expected levels: (current target from baseline assessment)	Numeracy:	Reading:	Literacy:	
Actual levels:	Numeracy:	Reading:	Literacy:	
Child's attendance level...				
Details of any exclusions...				
Tick as appropriate:	School action	School action plus	Statement	SEN
Is there a CAF currently open on this child? (If yes please attach a copy) Yes ____ No ____				

Parent Interview Date:	SENCO Meeting dates:	Referrer/Teacher Meeting Dates:	Play Therapists Name:
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Signature of Referrer: _____	Date: _____
Signature of Parent: _____	_____
Are all those holding parental responsibility in agreement with therapy? Yes _____ No _____	
Child Consent: Yes _____ No _____	

Here at Shine Play Therapy we take the privacy of our clients data seriously and will only use your personal information for assessment and administration purposes and for communicating with you. Only the [relevant roles here, i.e. Therapist, Clinical Directors and accounts] will be able to access your details.

We will never share or sell your data without your prior permission. Signing this form gives us permission to hold you and your child's/clients data confidentially.

Office use only:
Date form Received: ____ / ____ / ____
Date of Consultation: ____ / ____ / ____

Please Return to:

*Shine Play Therapy, 361 Tedd Rd, Letteree, Dromore, Co.Tyrone, BT783DD or
lisa@shineplaytherapy.co.uk*