

**Referral and consent form for child / young person**

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| **Date of referral** |
| **Name of child/young person** |
| **Date of birth** |
| **Parent / carer / referrer** |
| **Contact telephone** |
| **Contact email** |
| **Address** |
| **Name of school and year group** |

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| **Why is the child/young person being referred? What are your concerns?** |
| **Is any other support currently being provided? Please describe.** |
| **Has the child/young person previously received other therapy/support to address her/his issues? Please describe.** |
| **Does the child have any diagnosed medical or mental health conditions?** |
| **Is the child/young person currently taking any medication related to the above? Please give details.** |
| **Please give name and contact details for GP** |
| **Significant events in the life of the child (e.g. loss, bereavement, illness, care arrangements, frequent moves)** |
| **What would you like the child/young person to gain from the therapy?** |

I have received information about Cambridge Art therapy services and consent to referral and treatment for this child / young person. I also consent for my child’s GP to be contacted should it be deemed necessary for my child’s safety and wellbeing.

**Signature (parent / carer / referrer)**

**Date**