



**CONFIDENTIAL**

Play Therapy Referral Form

Adverse Childhood Experiences (ACEs)\*

Please fully complete the form then return by password protected email to:  
[sandcastletherapy@gmail.com](mailto:sandcastletherapy@gmail.com)

**\*Examples of Adverse Childhood Experiences (ACEs) include:**

- Physical Abuse*
- Sexual Abuse*
- Emotional Abuse*
- Living with someone who abused drugs or excessive alcohol*
- Exposure to Domestic Violence*
- Living with someone who has gone to prison*
- Living with someone with serious mental illness*
- Death of parent/primary carer or sibling*

Please email [sandcastletherapy@gmail.com](mailto:sandcastletherapy@gmail.com) to clarify entitlement to funded sessions if unsure.

Child's Name:	DOB:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent(s)/Carer's Name:	Referrer's Name*:	
Child's Home Address:	Referrer's Address:	
Home Telephone:	Telephone:	
Mobile Number:	E-mail:	

Family Status: Both Parents  Lone Parent  Step  Carer  (eg foster carer)

Is the child subject to a **Child Protection Plan**? Yes  No  Please state category:

Is the child a '**Child in Care**'? Yes  No  Type of placement:

Child's School Name & Address:		Teacher's Name:
		Child's School Year:
Telephone Number:		School's Email:
EP:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:
SLT:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:
Social Worker/Family Support Worker/Early Help Worker:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name & Contact Details:

Doctor's Name:	Surgery Name & Address:
Medical Conditions/Allergies:	Medication:

## Reason for Referral

*(Please provide **FULL** details to enable a good understanding as to your concerns and reason for referral – use separate sheets if required)*

Please describe the behaviour(s) that concern you:
What do you think is the cause of the behaviour (linking directly to ACEs experienced and child's personal history):

Please provide details of any previous interventions which have been put in place eg SEMH support, other therapeutic interventions. (Give details of how long the intervention was in place and it's impact):

Please provide details of parental involvement, what information has been shared with the parents?

Signed: ..... Date: .....