CONFIDENTIAL



TBF Ref no:

THE BUTTERFLY ROOM BEHAVIOURAL THERAPY COUNSELLING REFERRAL FORM

Please fully complete the form then return to: lauraburragetherapy@gmail.com

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| --- | --- | --- |
| Child’s Name: | DOB | GENDER : *please circle*MALE FEMALE  |
| Parent(s)/Carer’s Name: | Referrer’s Name\*: |
| Child’s Home Address: | Referrer’s Address: |
| Home Telephone: | Telephone: |
| Mobile Number: | Email:  |
| How did you hear about us?  |

|  |
| --- |
| Family Status: *please circle* Both Parents Lone Parent Step Carer (e.g. Foster Carer, Grandparent) |
| Is the child subject to a Child Protection Plan? Yes No Please state Category: |
| Is the child a ‘Looked After Child’? Yes No Type of Placement: |

|  |  |
| --- | --- |
| Child’s School Name & Address: | Teacher Name: |
| School Year |
| Telephone: | Email: |
| EP: | YES NO  | NAME: |
| LSA: | YES NO | NAME: |
| BEHAVIOUR SUPPORT | YES NO  | NAME: |



Reason for referral

*(Please provide us with full details to enable us to have an understanding as to your concerns and reason for referral-use separate sheets if required)*

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| Please describe the behaviour(s) that concerns you: |
| What do you think is the cause of the behaviour? |
| What do you hope will happen as a result of seeing the Behaviour Therapist/Counsellor? |

Signed : date: