

# Child Therapy Referral Form



Home & Family

*To Whare Manaki Tangata*

Please complete and return this form to [charlie@homeandfamily.net.nz](mailto:charlie@homeandfamily.net.nz)

<b>Client Name:</b>	<b>D.O.B:</b>
<b>Address:</b>	
Do all legal guardians agree to child receiving therapy <b>YES</b> <b>NO</b>	
<b>Mother's Name:</b> (If client is under 18 yrs)	
<b>Address:</b>	
<b>Contact Number:</b>	
<b>Email address:</b>	
<b>Father's Name:</b> (If client is under 18 yrs)	
<b>Address:</b>	
<b>Contact Number:</b>	
<b>Email address:</b>	
<b>Caregiver's Name:</b> (If client is under 18 yrs)	<b>D.O.B:</b>
<b>Address:</b>	
<b>Contact Number:</b>	
<b>Email address:</b>	
<b>Referral Details</b>	
<b>Name:</b>	<b>Agency:</b>
<b>Contact Number:</b>	
Have you informed the client the referral has been made <b>YES</b> <b>NO</b>	
<b>Reason for referral:</b>	



**Child Therapy Referral Form Continued**

**Any safety or legal issues?:**

**Legal orders in place:**

Custody orders: **YES / NO**

Parenting orders: **YES / NO**

Court appointed access: **YES / NO**

Protection orders: **YES / NO**

Trespass orders: **YES / NO**

**Other (Please specify):**

**Complete the following:**

Please provide more information about the client and/or family:

Oranga Tamariki has been involved in the past **YES / NO**

Oranga Tamariki currently involved **YES / NO**

Experienced family violence **YES / NO**

Alcohol or substance abuse **YES / NO**

Parenting concerns **YES / NO**

Mental health issues **YES / NO**

Used Home & Family services in the past **YES / NO**

**OTHER MAIN CAREGIVERS/PROFESSIONALS/AGENCIES INVOLVED:**

NAME	ROLE/AGENCY	PHONE