



Play Therapy Referral Form: Ballymote FRC



Please complete this referral and return it by email to Niamh at coordinatorballymotefrc@gmail.com for the attention of Sarah or by post to Sarah Davey, Ballymote Family Resource Centre, Wolfetone Street, Ballymote, Co.Sligo.

Following receipt of the referral, the play therapist will contact you.

Where did you hear about the play therapy service?	Today's Date:
Name of Referrer (specify status)	
Name of Child/Young Person:	Date of Birth:
Name of Parent(s):	Address: Contact No:
What school does he/she attend:	Class and Teacher's Name:
Any diagnosis (e.g. ADHD)/medical problems or allergies and any current medication:	Any other agency your child has been getting help from at present or in the recent past:

Parental consent of both parents: Both parents must consent.: Signed: _____ Signed: _____ Date: _____	Child/young person consent <input checked="" type="checkbox"/> <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
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How do you think Play Therapy would be of help to your child. Please give as much detail as you can.

Any other information you want to provide:

For Office Use Only	
Parent interview date:	Referrer interview date:
Child/Young person Interview/Start date:	School interview date (if any):