**OBERTELLI PLAY THERAPY**

**16A Church Street Oswestry Shropshire SY11 2SP**

**07974506910**

**Ginaobertelli@aol.com**

**Referral Form**

Child’s Name: DOB:

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| **Referrer Details** | | | | | | | | |
| **Name** |  | | **Job Title** |  | | | | |
| **Agency** |  | | **Address** |  | | | | |
| **Telephone** |  | | **Email** |  | | | | |
| **Child’s Basic Details** | | | | | | | | |
| **Address** |  | | **Telephone** |  | | | | |
| **Sex and Gender Identity** | Sex:  Gender: | | **Ethnicity** |  | | | | |
| **Religion**  *(Practising?)* |  | | **Language** |  | | | | |
| **Legal Status**  *(i.e. care order, adoption order)* |  | | **CAF/Child Protection/Child in Need Plan?** |  | | | | |
| **Health**  *(Diagnoses? Who made them? When made?)*  *(Investigations, medications, allergies, exposure to toxins pre/post birth)* |  | | | | | | | |
| **Disability/SEN Status/Any historical developmental concerns** |  | | | | | | | |
| **Parental Responsibility Definition** | | | | | | | | |
| **Who has Parental Responsibility?**  The following guidance can help you to understand about who has parental responsibility.  Once obtained, parental responsibility can only be removed via a court order.  **Biological mother and father**  Mother automatically has parental responsibility from birth.  Father has parental responsibility if he was:   * Married to the child's mother when the child was born * Listed on the birth certificate after a certain date (England and Wales - 01/12/2003; Scotland - 04/05/2006; Northern Ireland 15/04/2002.   **Same sex parents**  Where one of the parents gave birth to the child:   * If the couple are in a civil partnership or are married at the time of birth, both can have parental responsibility * For non-civil partners and unmarried couples, the parent who did not give birth would need to seek parental responsibility via a court order   **Adoptive parents**  Have parental responsibility.  **Foster carers**  Do not have parental responsibility.  **Special Guardians**  Are awarded a court order which means they share parental responsibility with the parents. However, the special guardians would have overriding parental responsibility.  **The Local Authority**  Can obtain a court order which would mean the local authority would share responsibility with the parents.  However, the local authority would have overriding authority to make decisions about therapy in the best interests of the child. | | | | | | | | |
| **Confirmation of Person (s) with Parental Responsibility** | | | | | | | | |
| **Name** | 1) | | | | | | 2) | |
| **Address** | 1) | | | | | | 2) | |
| **Telephone** | 1) | | | | | | 2) | |
| **Email** | 1) | | | | | | 2) | |
| **Gender** | 1) | | | | | | 2) | |
| **Ethnicity** | 1) | | | | | | 2) | |
| **Language** | 1) | | | | | | 2) | |
| **Lives with child?** | 1) Yes/No | | | | | | 2) Yes/No | |
| **Physical/mental health concerns and/or disability? (details)** | 1) | | | | | | 2) | |
| **By making this referral, you are confirming the following statements** | | | | | | | | |
| * The person(s) with Parental Responsibility have been made aware of the nature of your concerns * The person (s) with Parental Responsibility have consented to the referral being made * The person (s) with Parental Responsibility have consented to the information contained in this form to be held by Gina Obertelli@ Obertelli Play Therapy. | | | | | | | | |
| **The Child’s Experience of Being Parented** | | | | | | | | |
| Please discuss whether or not the child has experienced warmth, consistency, safety, boundaries, family stability and note any specific strengths and concerns of their primary carers. | | | | | | | | |
| **The Child’s Family And Significant Persons** | | | | | | | | |
| **Name and DOB** | **Relationship** | **Lives with Child?**  **(Please provide address if not)** | | | **Risk to the Child?**  **(Please detail)** | | | |
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| **Child’s Professional Network (Names and Contact Details)** | | | | | | | | |
| **G.P** |  | | | | | | | |
| **Social Worker** |  | | | | | | | |
| **CAMHS** |  | | | | | | | |
| **School** |  | | | | | | | |
| **Other**  **(i.e. physio, OT, parent’s social worker)** |  | | | | | | | |
| **Information About The Child From Their Professional Network** | | | | | | | | |
| Please either attach professional reports with this referral or write a brief summary of their findings (and dates of reports) in this section. | | | | | | | | |
| **Things That People Worry About For The Child** | | | | | | | | |
| **Who is worried?** | **What are they worried about?** | **How long have they been worried?** | | | **What has been tried to address the worry?** | | | |
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| **Specific comments about any risk to self, others and their environment:** | | | | | | | | |
| **Things That Are Going Well For The Child** | | | | | | | | |
| Please highlight any significant achievements, resilience factors, hopes, motivations, support and whether people around them understand/have empathy for their current situation. | | | | | | | | |
| **The Child’s Voice** | | | | | | | | |
| Please discuss how whether the child shares the worries of the people around them and how it makes them feel, impressions of their general self-esteem, their responses to any previous interventions and their feelings about potential future therapeutic work. | | | | | | | | |
| **Completed Referrals To Be Sent To:** | | | | | | | | |
| Ginaobertelli@aol.com | | | | | | | | |
| **For OBERTELLI PLAY THERAPY'S Use Only** | | | | | | | | |
| **Date Received** |  | | | | | **Date Read** | |  |
| **Actions** |  | | | | | | | |