**LATIMER COMMUNITY ART THERAPY**

**Art Psychotherapy Referral Form** (Painting Together Group)

*FOR PROFESSIONALS*

|  |  |
| --- | --- |
| **Date of Referral** |  |

|  |
| --- |
| **Family Details** |
| **Parent/Carer Name** |  |
| **Date of Birth** |  |
| **Gender** |  | **Ethnicity** |  |
| **1st Language** |  |

|  |  |
| --- | --- |
| **Parent/Carer Name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **1st Language** |  |

|  |  |
| --- | --- |
| **Child Name** |  |
| **Date of Birth** |  |
| **Gender** |  | **Ethnicity** |  |
| **Nursery** |  | **Start Date** |  |

|  |  |
| --- | --- |
| **Child Name** |  |
| **Date of Birth** |  |
| **Gender** |  | **Ethnicity** |  |
| **Nursery** |  | **Start Date** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **GP Details** |  |
| **Home Language**  |  |
| **Need for interpreter** | YES/ NO |
| **Parent(s)/Carer(s) number**  |  |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Referrers Name, organisation & job title if applicable** |  |
| **Email** |  |
| **Telephone** |  |

|  |
| --- |
| **Reason(s) for referral** |
|  |

|  |
| --- |
| **Learning difficulties/ physical difficulties/ special needs/other health problem/allergies**  |
|   |
| **Are there any other agencies involved (e.g. doctor, social worker etc) in the past, now or pending?** |
|  |
| **Is the child/children on the child protection register?** **Please give details and/or provide contact details or the Social Worker dealing with the case:** |
|  |
| **Family history and structure (including siblings, relevant extended family)** |
|  |
| **Any additional information** |
|  |

**Please return this form via email to:**

**Susan Rudnik**

**Art Psychotherapist & Clinical Supervisor**

**Latimer Community Art Therapy**

susan.rudnik@lcat.org.uk

07932 054 834