ST. ANDREW'S RESOURCE CENTRE
114-116 Pearse Street, Dublin 2.

Private and Confidential

Referral for Child Play Therapy	
Name: **Address:**	**Date of Birth:**
G.P:	**School:**
Referred to Play therapy By:	
Other Services Involved: **Are there any Child Protection Concerns at present?:**	
Family Background:	
Primary Carer(s): **Contact Details:**	
Brief Description of Presenting Issue & Reason for Referral to therapy:	
Has referral been discussed and agreed with: • **Both Parent(s) / Carer(s)?** • **One Parent/Carer?** • **Child?** **Additional Notes:** **Date:**	
Who has consent been obtained from?: • **Both Parent(s) / Carer(s)?** • **One Parent/Carer?** **Additional Notes:** **Date:** **(A separate Consent Form will be completed by the therapist with parent(s)/carer(s) at the initial meeting)**	