This form will be used for the sole purpose of informing the therapist of the nature of concerns and issues that might be affecting the child. This form will be kept in a secure location only accessed by staff of Mindscape Therapy

|  |  |
| --- | --- |
| Background information | |
| Child’s name:  Gender: | Date of Birth:  Ethnicity: |
| Referred by:  Contact number and email: | Address of referrer  Child’s current school and contact: |
| Parents/ Guardian Name:  Parent/ Guardian Address: | Contact email:  Contact number: |
| Other significant adults in family: | |
| No. of children in family: | Child’s position in family: e.g. 1st, 5th |
| Significant events in child’s life: e.g. family breakdown, health issues, bereavements etc + date | |
| Current external support e.g. health or social services, medication | |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of concern | Specific concern | tick | Detail |
| Mental health | Anxiety |  |  |
| Depression |  |  |
| Low self esteem |  |  |
| Anger |  |  |
| Poor attention |  |  |
| Eating disorder |  |  |
| Substance misuse |  |  |
| Addiction |  |  |
| Other (please specify) |  |  |
| Social/ Behavioural | Withdrawn |  |  |
| Aggressive |  |  |
| Poor ability to integrate |  |  |
| Difficulty with authority |  |  |
| Victim of bullying |  |  |
| Bullying |  |  |
| Other (please specify) |  |  |
| Cognitive | Inability to concentrate |  |  |
| Lack of motivation |  |  |
| OCD/ Obsessions |  |  |
| ASD/ ADHD |  |  |
| Learning difficulties |  |  |
| Sexuality |  |  |
| Other (please specify) |  |  |
| Physical | Disability |  |  |
|  | Injury |  |  |
|  | Illness |  |  |
|  | Other (please specify) |  |  |

|  |
| --- |
| Any other relevant information: |

I am happy for this information to be used and stored as explained above:

Signed …………………………………………………………………………… Date…………………………………………………………………………..