**Therapeutic Referral**

Please complete and return this referral for the attention of:

Fran Kerr (Director at NEATS) at the address above, or preferably via email,

[admin@northeastadoptiontherapyservices.co.uk](mailto:admin@northeastadoptiontherapyservices.co.uk)

Please note we use Proton which is a secure e-mail service. The (proton secured) information will remain secure if you send an e-mail to/from proton from another secure e-mail address.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of person making referral: |  | | | Date: | |  | |
| Agency and Address: |  | | | | | | |
| Tel No and email address: |  | | | | | | |
| Details of referral: |  | | | | | | |
| Name of social worker: |  | | | | | | |
| Tel No and email address: |  | | | | | | |
| Name of child: |  | | | | | | |
| DOB: |  | | | | | | |
| Child’s ID Number: |  | | | | | | |
| Name of parent(s)/carer(s): |  | | | | | | |
| Address: |  | | | | | | |
| Tel No and email add: |  | | | | | | |
| Is the child fostered, adopted, SGO or birth child? | F | | A | | S | | B |
|  | |  | |  | |  |
| School attended and name of contact: |  | | | | | | |
| Tel: |  | | | | | | |
| Reason for referral: |  | | | | | | |
| Other agencies involved: |  | | | | | | |
| Any previous therapeutic services accessed: |  | | | | | | |
| Email contact details for invoicing purposes: |  | | | | | | |
| Please indicate if there are any accessibility requirements? | |  | | | | | |

Thank you for completing this form.