**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

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.