**Art Therapy Referral form**

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**Person Making Referral**

**Name:**

**Date:**

**Relationship to client:**

**Tel:**

**Email:**

**Client Details**

Please fill out what you can, anything that is not relevant to you please leave blank

**Name:**

**Date of Birth:**

**Address:**

**Tel:**

**Email:**

**Reason for referral:**

**Type of therapy you would like (individual Art, Family, Group):**

**GP details:**

**Social worker details (**if relevant**):**

**Please state below anything that should be included in a risk assessment and preferred days and times of Therapy.**