

# PLAY THERAPY REFERRAL FORM



Date: \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

NDIS participant: Yes / No Self-managed/Plan Managed/NDIA Managed

Private client: Yes / No

Is this young person under a child protection order: Yes / No

If yes, who has guardianship: \_\_\_\_\_

## REFERRING PERSON/PROFESSIONAL (details/referral reasons will be covered in intake interview)

Name: \_\_\_\_\_

Practice: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please send to [christine@alignplaytherapy.com.au](mailto:christine@alignplaytherapy.com.au) or submit via the 'Get in contact' link on [www.alignplaytherapy.com.au](http://www.alignplaytherapy.com.au)