



Referral Form

Form completed by (if being referred by a community service/organisation):

Name: _____

Organisation: _____

Position held: _____

Telephone: _____

Email: _____

Child's Name: _____ DOB: _____ Age: _____

Gender: Male Female Other

Grade: _____ Name of School: _____

Parent/carer's Name: _____

Address: _____ Post Code: _____

Telephone: H _____ W _____ M _____

Parent/Carer's Email Address: _____

Parent/carer's Name: _____

Address: _____ Post Code: _____

Telephone: H _____ W _____ M _____

Parent/Carer's Email Address: _____

Will the fees be: Parent paid Service paid NDIS funded

If NDIS, please provide the current NDIS plan and provide the Plan Manager's name and contact details on the following page.

Main reason for seeking help at this time: _____



How concerning is it for you? 0-----1-----2-----3-----4-----5

Would you prefer you child's session: After school hours [] During school hours [] Whatever is available []

What are the main goals/objectives you would like your child and/or family to achieve by attending Be Me Play Therapy?

Permission to Exchange Information

I _____, am the legal guardian of child
_____, and give permission for **Be Me Play Therapy** to
exchange information with the following:

Name: _____

Organisation: _____

Position: _____

Email: _____

Name: _____

Organisation: _____

Position: _____

Email: _____

Name: _____

Organisation: _____

Position: _____

Email: _____

Parent/Carer Name: _____ Signature: _____ Date: _____

Permission to exchange information can be withdrawn at any time, but otherwise will expire 2 months after last contact with Be Me Play Therapy.