EGGTOOTH

Referral date : _____ /_____ /_____

SCHOOLS AND ALTERNATIVE PROVISION REFERRAL FORM

Name of Referring Organisation/School : _____

Name of School Contact : _____

Email and Phone Number : _____

Details of child/young person being referred

Name : _____

Date of Birth : _____ /_____ /_____   Age [ ]

Address : _____

_____

Parent/Guardian : _____   E-Mail : _____

Parent/Guardian Number : _____

Is Parent/Guardian aware of the referral and have they given consent to be contacted by Eggtooth : Yes [ ] No [ ]

Is this a Looked After Child? : Yes [ ] No [ ]

Professionals : _____   Email : _____

(Social Worker/ Keyworker/ GP/ etc : _____   Email : _____

: _____   Email : _____

Is there a SEN diagnosis / are they on the pathway : _____   Diagnosis : _____

Are they open to CAMHS: : _____

Known health conditions : _____

: _____

: _____

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Reason for referral? Please include all relevant information.

Desired outcome at the end of sessions?

Behaviors and triggers:

Risks : (e.g. quick to anger, physical harm to self or others, etc.)   :

Behaviours   :

Triggers   :

Useful strategies   :

EGGTOOTH

Eggtooth offers a bespoke therapeutic service and offers a range of therapies and creative activities to meet the needs of the young person. Do you have an idea of the nature of support you require? Please indicate which of our creative therapeutic interventions you are interested in below.

- ☐ Art Therapy
- ☐ Talk Therapy
- ☐ Play Therapy
- ☐ Music Therapy
- ☐ Songwriting
- ☐ Art & Making
- ☐ Music Production
- ☐ Photography
- ☐ Filmmaking
- ☐ Cooking

- ☐ Martial Arts
- ☐ Boxing
- ☐ Walking with Horses
- ☐ DJing
- ☐ Spoken Word
- ☐ Woodland Experiences with a Therapy Dog

Nature of sessions required

1:1 ☐   Group ☐

In-school provision ☐

Alternative Provision - School Location ☐

Alternative Provision - Eggtooth Location ☐

Online Support ☐

Please note that we suggest a minimum of 6 creative sessions or 12 clinical sessions

How many sessions do you require? : _____

Length of session? (Hours) : _____

Invoice contact : _____

Email : _____

Phone number : _____

Has the funding been agreed/applied for? : _____

SCHOOLS AND ALTERNATIVE PROVISION TEAM

NANSI HITCHMAN

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AMBER PRIMMETT

Referrals Coordinator - Schools & Alternative Provision