**REFERRAL FORM**

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| **Horses for Good**  The Laurels  277 Bedford Road  Rushden NN10 0SQ | | | | | | | | |
| 07901 700 193 - info@horsesforgood.org.uk - www.horsesforgood.org.uk | | | | | | | | |
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| **REFERRAL SOURCE INFORMATION** | | | | | | | | |
| **REFERRAL SOURCE** | Parent/Guardian | School | | Mental Health Professional | | | | |
| Other, please specify | | | | | | | |
| **REFERRAL SOURCE NAME** |  | | | | | | | |
| **ADDRESS** |  | | | | | | | |
| **MOBILE NUMBER** |  | | | | | | | |
| **EMAIL** |  | | | | | | | |
|  |  | | | | | | | |
| **CLIENT INFORMATION** | | | | | | | | |
| **NAME** |  | | | | | **DATE OF BIRTH** | | dd/mm/yyyy |
| **GENDER** |  | | | | | | | |
| **IF UNDER 18, PARENT/CARER NAME** |  | | | | | | | |
| **EMAIL** |  | | | | **PHONE** | |  | |
| **ADDRESS** |  | | | | | | | |
|  |  | | | | | | | |
| **NEXT OF KIN INFORMATION (18+ ONLY)** | | | | | | | | |
| **NAME** |  | | | | | | | |
| **RELATIONSHIP** |  | | | | | | | |
| **MOBILE NUMBER** |  | | | | | | | |
| **PERMISSION TO SPEAK TO MY NEXT OF KIN – TICK AS APPROPRIATE** | You can only contact my next of kin to confirm my safety | | You can discuss all matters relating to my safety and my sessions with my next of kin | | | | | |

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| **PHYSICAL HEALTH**  Please include any relevant information including current and historical experiences, diagnoses and allergies. |
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| **MENTAL HEALTH**  Please include any relevant information including current and historical experiences and diagnoses. |
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| **ACCESS NEEDS**  Please include any needs around physically accessing the space, including getting to and from the stables, fields, arena and interacting with the horses. |
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| **SUPPORT NEEDS**  Please include any support, SEND and/or additional learning needs which will help us to understand how best to facilitate sessions. Please also include contact details for the participant’s SENCO (if school age). |
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| **SAFETY NEEDS**  Please include any information around psychological and physical safety needs that are relevant to accessing sessions. |
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| **GOAL SETTINGS**  Please list what you would like to achieve from the sessions. |
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