**REFERRAL FORM**

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| **Horses for Good** The Laurels277 Bedford RoadRushden 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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2.

 1.
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