Relax Kids Referral Form

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| **Name** |  | |
| **DOB** |  | |
| **Medical history/current treatments/mental health concerns** | | |
| **Reason for Referral (Please describe their strengths, difficulties and desired outcomes)** | | |
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| **Views from Parents (Please describe their strengths, difficulties and desired outcomes)** | | |
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| **Child/Young Person tell me what makes you feel** | | |
| **Happy** | | |
| **Calm** | | |
| **Anxious** | | |
| **What do you want to happen after Relax Kids** | | |
| **Signature of Child/Young Person** | | **Date** |
| **Signiture of parent** | | **Date** |
| **Signature Referrer** | | **Date** |