FIRST FORTNIGHT

CENTRE FOR CREATIVE THERAPIES

Client Details*:	
Name:	GP name:
Date of birth:	GP address:
Address:	
Phone:	GP Phone:
Email:	GP Email:

Referring Agency details*:
Name of referrer*:
Position:
Keyworker name *(if different)*:
Organisation:
Contact number(s):
Email:
Reasons for referral:
Can you outline how you think creative arts therapy can be helpful to you?
Mental health history*:
Are you currently in therapy eg. Counselling, addiction therapy, psychotherapy etc.? Y_   N _ If yes can you please specify:____
Available psychiatric diagnosis:

Office use only:

Date of receipt: ___/___/_____ Referrer/service user contacted on: ___/___/_____

Assessment offered on: ___/___/_____ Initial appointment offered on: ___/___/_____

Please give details:____

Name of psychiatrist or mental health team:_____________________________________

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Addiction/substance misuse history:
Do you engage in substance/alcohol misuse: Y__ N__ If yes please give details and frequency:____   Are you actively participating in a stabilisation programme? Y___ N___ If Yes please give details:____
Do you have any convictions? *(answering yes does not exclude you from art therapy)*

For the referrer:

Risk assessment
Is this client suitable for one to one work: Y__ N__
Does the client understand that they will not be able to engage in any sessions whilst under the influence?: Y__ N__
Is the client aware they are being referred to this service and full consent has been given by client? Y__ N__

Office use only:

Date of receipt: ___/___/_____ Referrer/service user contacted on: ___/___/_____

Assessment offered on: ___/___/_____ Initial appointment offered on: ___/___/_____

Does the client understand what art psychotherapy entails? Y__ N __ Has s/he received an information leaflet: Y__ N __
Does the client have any mobility issues?

Signature of client:__________________________ Date:__________________________

Name of client *(printed)*:____________________

Signature of referrer: _________________________ Date:__________________________

Name of referrer *(printed)*:_____________________