MAGGIE DAGGE
THERAPY

Pre-Therapy Referral Form

Parents/Guardians

Referral Details

Referral From	Tick	Contact Person	Name of Organisation
Private Referral			
School Referral			
Court Referral			
Other Services involved			

Reason for Referral

Presenting Issue		
Secondary issues		

Main Contact Person for Client and Emergence Person Details

Adults Name	**Mobile**	**Email**
Main:		
Emergency:		

Client Details

Child/Adolescent's Name	First Name	Surname
Child/Adolescent's age and date of birth	Age	DOB

Any Previous experience of therapy (Style of therapy)	Issues addressed	Length of therapy

Medical Details

Symptoms/Diagnosis	Type	Severity
Medication		

Parents/Guardians Details

Parents/Guardians Name	**First Name**	**Surname**
Mother's Name		
Father's Name		
Guardian's Name		
Other – relationship to Child		

Family Details

Parents/Guardians relationship status	Together/Single parenting	Separated/Co-Parenting
Grandparents/Grandguardians relationship status	Together/Single parenting	Separated/Co-Parenting
Siblings/ Step-Siblings Name	**Age**	**Gender**
Foster Siblings	**Age**	**Gender**

Relationship to Siblings/Foster Siblings	**Name**	**Positive/Negative/Neutral**

Extended Family Details

Significant People	First Name	Positive/Negative/Neutral
Significant Pets	Name	Positive/Negative/Neutral

Friends in school/Neighbourhood

Friends Name	**School**	**Neighbourhood**

School Attendance Details

Attendance	Able to attend	Refusal to attend
Issues around attendance	Historical	Recent

Behavioural/Communication Details

Behaviour and Communication	Able to express their needs	Difficulties with expressing their needs
Issues around Behaviour and Communication For example : nightmares, sleepwalking, bed wetting, sudden change in eating patterns, food refusal, violence towards self, violence towards others, self-harm, suicidal thoughts, addiction,	Historical	Recent

Parents/Guardians/Client aims for therapy/Changes you would like

Aims for Parents/Guardians		
Aims for Child/Adolescent		

Trauma History for family

Did you or your child experience or witness any of the following events, as a child or adult?	**Were** you bothered by this at the time?	**Are** you bothered by this now?
Natural Disaster		
☐ Flood	☐ Yes ☐ No	☐ Yes ☐ No
☐ Hurricane/tornado	☐ Yes ☐ No	☐ Yes ☐ No
☐ Fire	☐ Yes ☐ No	☐ Yes ☐ No
☐ Earthquake	☐ Yes ☐ No	☐ Yes ☐ No
Accidents		
☐ Medical/surgical error	☐ Yes ☐ No	☐ Yes ☐ No
☐ Motor vehicle accident	☐ Yes ☐ No	☐ Yes ☐ No
☐ Plane crash	☐ Yes ☐ No	☐ Yes ☐ No
☐ Drowning	☐ Yes ☐ No	☐ Yes ☐ No
☐ Explosion	☐ Yes ☐ No	☐ Yes ☐ No
☐ Chemical/gas leak	☐ Yes ☐ No	☐ Yes ☐ No
☐ Building collapse	☐ Yes ☐ No	☐ Yes ☐ No
Illness		
☐ Unexpected death of a loved one	☐ Yes ☐ No	☐ Yes ☐ No
☐ Serious medical illness	☐ Yes ☐ No	☐ Yes ☐ No
☐ Serious mental illness	☐ Yes ☐ No	☐ Yes ☐ No
Neglect/Humiliation		
☐ Being denied food or water	☐ Yes ☐ No	☐ Yes ☐ No
☐ Left alone for long periods	☐ Yes ☐ No	☐ Yes ☐ No
☐ Put in dangerous situations	☐ Yes ☐ No	☐ Yes ☐ No
☐ Verbally humiliated or ignored	☐ Yes ☐ No	☐ Yes ☐ No
☐ Forced to perform humiliating actions	☐ Yes ☐ No	☐ Yes ☐ No
☐ Insulted/treated as worthless	☐ Yes ☐ No	☐ Yes ☐ No
☐ Teased/bullied	☐ Yes ☐ No	☐ Yes ☐ No
Control		
☐ Being locked in a room/closet	☐ Yes ☐ No	☐ Yes ☐ No
☐ Controlled use of phone	☐ Yes ☐ No	☐ Yes ☐ No
☐ Being stalked	☐ Yes ☐ No	☐ Yes ☐ No
☐ Controlled contact with others	☐ Yes ☐ No	☐ Yes ☐ No

☐ Controlled possessions ☐ Forced to take drugs or alcohol	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
Did you or your child experience or witness any of the following events, as a child or adult?	**Were** you bothered by this at the time?	**Are** you bothered by this now?

Physical Punishment		
☐ Being hit, kicked, thrown, dragged, or tied up ☐ Being bruised, burned, cut or given broken bones ☐ Witnessed violence on other family members	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Unwanted sexual contact		
☐ Forced intercourse (oral, anal, or vaginal) ☐ Forced masturbation ☐ Forced to watch pornography ☐ Being fondled against your will ☐ Forced to perform sexual acts in front of others ☐ Being filmed or videotaped ☐ Being prostituted	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Assault and robbery		
☐ Victim of robbery ☐ Assaulted with a weapon ☐ Threatened to be killed ☐ Beaten up ☐ Kidnapped/held hostage ☐ Witnessed a murder/assault	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Neglect/Humiliation		
☐ Being denied food or water ☐ Left alone for long periods ☐ Put in dangerous situations ☐ Verbally humiliated or ignored ☐ Forced to perform humiliating actions ☐ Insulted/treated as worthless ☐ Teased bullied	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Stigma and prejudice		
☐ Race	☐ Yes ☐ No	☐ Yes ☐ No
☐ Gender	☐ Yes ☐ No	☐ Yes ☐ No
☐ Religion	☐ Yes ☐ No	☐ Yes ☐ No
☐ Ethnic or national identity	☐ Yes ☐ No	☐ Yes ☐ No
☐ Income	☐ Yes ☐ No	☐ Yes ☐ No
☐ Sexual orientation	☐ Yes ☐ No	☐ Yes ☐ No
War		
☐ Served in a combat zone	☐ Yes ☐ No	☐ Yes ☐ No
☐ Treated the wounded in combat	☐ Yes ☐ No	☐ Yes ☐ No
☐ Was fired upon in combat	☐ Yes ☐ No	☐ Yes ☐ No
☐ Close-hand combat	☐ Yes ☐ No	☐ Yes ☐ No
☐ Prisoner of war	☐ Yes ☐ No	☐ Yes ☐ No
☐ Friendly fire	☐ Yes ☐ No	☐ Yes ☐ No
Other events		
☐ Miscarriage/stillbirth	☐ Yes ☐ No	☐ Yes ☐ No
☐ Abortion	☐ Yes ☐ No	☐ Yes ☐ No
☐ Adoption	☐ Yes ☐ No	☐ Yes ☐ No
☐ Foster or residential care	☐ Yes ☐ No	☐ Yes ☐ No
☐ Removed from home by the state	☐ Yes ☐ No	☐ Yes ☐ No
☐ Homeless/lived on the streets	☐ Yes ☐ No	☐ Yes ☐ No
☐ Subject of a lawsuit	☐ Yes ☐ No	☐ Yes ☐ No
☐ Being falsely accused	☐ Yes ☐ No	☐ Yes ☐ No
☐ Arrest/imprisonment	☐ Yes ☐ No	☐ Yes ☐ No
☐ Hospitalised against will	☐ Yes ☐ No	☐ Yes ☐ No
☐ Being embezzled/blackmailed	☐ Yes ☐ No	☐ Yes ☐ No
☐ Spouse/partner had an affair	☐ Yes ☐ No	☐ Yes ☐ No
☐ Unexpected demotion or loss of job	☐ Yes ☐ No	☐ Yes ☐ No
☐ Identity theft	☐ Yes ☐ No	☐ Yes ☐ No