MAGGIE DAGGE
THERAPY

Pre-Therapy Referral Form

Children/Adolescents

Referral Details

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

Reason for Referral

Date of Referral:

Presenting Issue		
Secondary issues		

Main Contact Person for Client and Emergence Person Details

Adults Name	**Mobile**	**Email**
Main Adult:		
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 Adult		

Family Details

Parents/Guardians relationship status	Together/Single parenting	Separated/Co-Parenting
Relationship to parents/Guardians	Positive	Negative
Grandparents/Grandguardians relationship status	Together/Single parenting	Separated/Co-Parenting
Relationship to Grandparents/Grandguardians	Positive	Negative
Medical and mental health Details of Parents/Grandparents/siblings		
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	**Personal**	**Work**

School Attendance Details

Attendance	Able to attend	Difficulties attending
Issues around attendance	Historical	Recent

Behavioural/Communication Details

Behaviour and Communication	Able to express your needs	Difficulties with expressing your 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 troubled by this at the time?	**Are** you troubled by this now?
Natural Disaster		
☐ Flood ☐ Hurricane/tornado ☐ Fire ☐ Earthquake	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Accidents		
☐ Medical/surgical error ☐ Motor vehicle accident ☐ Plane crash ☐ Drowning ☐ Explosion ☐ Chemical/gas leak ☐ Building collapse	☐ 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
Illness		
☐ Unexpected death of a loved one ☐ Serious medical illness ☐ Serious mental illness	☐ 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
Control		
☐ Being locked in a room/closet ☐ Controlled use of phone ☐ Being stalked ☐ Controlled contact with others	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ 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 troubled by this at the time?	**Are** you troubled 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
Stigma and prejudice		
☐ Race ☐ Gender ☐ Religion ☐ Ethnic or national identity ☐ Income ☐ Sexual orientation	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ 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