



History In-Take Referral Form Children/Adolescents

Referral Details

Referral From (Private, institution, Court, Other)	Contact Person	Name of Organisation
Date of Referral:	Start Date of sessions:	End Date of Sessions:
	Parent consult dates:	Number of sessions completed:

Client Details

Child/Adolescent's Name	First Name		Surname
Child/Adolescent's age and date of birth	Age		DOB
Gender Identity/ Sexuality/Pronoun used	GI	S (adolescent)	P

Reason for Referral

Presenting Issue		
Secondary issues		

Main Contact Person for Client and Emergence Person Details

Adults Name (Mam/Dad/Guardian/Other)	Mobile	Email
Main Adult:		
Emergency:		

Parents/Guardians Details

Parents/Guardians (Mam/Dad/Guardian/Other)	First Name	Surname	Occupation

Medical Details - client

Symptoms/Diagnosis	Type	Severity
Recurring illness? Accidents? Hospitalisation?		
Medication		
GP name:	GP Address	GP Phone:

Medical Details - Mam/Dad/Guardian/Sibling

Symptoms/Diagnosis	Type	Severity
Recurring illness? Accidents? Hospitalisation?		
Medication		

Family Details – Client’s Siblings

Name of Siblings/ Step-Siblings/Foster	Gender	Age	Relationship

Extended Family Details

Significant People	First Name	Relationship
Grandmother (M)		
Grandfather (M)		
Grandmother (D)		
Grandfather (D)		
Aunts/Uncles/Cousins		
Other		
Significant Pets - Type	Name	Relationship

Historical Details

Previous Therapy intervention

Any Previous experience of therapy (Style of therapy)	Issues addressed	Length of therapy
Client		
Sibling(s)		
Mam		
Dad		

Family Details – Mam’s Parents/Guardians

How were you parented?	Both parents/Single parenting	Separated/Co Parenting/Divorce When age did parents separate/divorce:	
Are your parents :	Currently Alive?	Deceased?	Year died
	Mam	Mam	
	Dad	Dad	
Mam’s Childhood Relationship to parents/Guardians			
Mam’s adult Relationship to parents/Guardians			
Mam’s siblings Number of siblings: Older/Younger :	Brothers	Sisters	
Relationship to siblings	Brothers	Sisters	
Mam’s Relationship to Grandmothers Grandfathers	Mam’s mam/dad	Dad’s mam/dad	
Aunt’s/Uncles /cousins	Mam’s side	Dad’s side	
Medical and physical/mental health details of Mam’s Parents/Grandparents/siblings and extended family			

Family Details – Dad’s Parents/Guardians

How were you parented?	Both parents/Single parenting	Separated/Co Parenting/Divorce	
		When age did parents separate/divorce:	
Are your parents :	Currently Alive?	Deceased?	Year died
	Mam	Mam	
	Dad	Dad	
Dad’s Childhood Relationship to parents/Guardians			
Dad’s adult Relationship to parents/Guardians			
Dad’s siblings Number of siblings: Older/Younger :	Brothers	Sisters	
Relationship to siblings	Brothers	Sisters	
Dad’s Relationship to Grandmothers Grandfathers	Mam’s mam/dad	Dad’s mam/dad	
Aunt’s/Uncles /cousins	Mam’s side	Dad’s side	
Medical and physical/mental health details of Dad’s Parents/Grandparents/siblings and extended family			

Client History - Pregnancy, Naming and Transitions

<p>Was it a planned pregnancy?</p> <p>Any fertility difficulties? Miscarriages?</p>	
<p>How was the pregnancy for both parents? Any illness, allergies, hospitalisations etc</p>	
<p>Birth – home birth/hospital/ any complications? Dad at birth? Full term or Premature</p>	
<p>Feeding – breast/bottle/ both ? Any feeding issues? Weaning? Solid food? Did baby cry? Often/Never/Normal?</p>	
<p>Sleeping – Own cot/ or Mam and Dad’s bed? How long did child stay in M/D’s bed or still there? How did Dad(?) feel at being put out of bed? Time spent alone in cot/pram? Time spent held/massaged/cuddled?</p>	
<p>Transitions:</p> <p>Babbling/Speech Sitting up/Crawling/Walking 2’s – (I am me/separation)? Creche ? School? Primary and Secondary After school? Holidays or sleep overs?</p> <p>Any sensory issues? (ASD/ADHD traits)</p>	
<p>Who picked the clients name?</p>	
<p>Who does the client remind you of?</p>	

School Attendance Details

School class or year currently attending	Primary	Secondary
Attendance	Able to attend	Difficulties attending Historical Recent
Relationship to Teacher/SNA		

Friends in school/Neighbourhood

Friends Name	School	Neighbourhood

After School Activities

Activities		
Attendance	Able to attend	Difficulties attending Historical Recent
Relationship to facilitator(s)		

Behavioural/Communication Details

Behaviour and Communication	Historical	Recent
Ability to be alone with oneself? Nightmares, sleepwalking, bed wetting ? Any Fears?		
Screentime? (aware of what child is doing/playing)		
Sudden change in eating patterns, food refusal ?		
Ability to relate to others? Hugs/comfort others?		
Hostility? Ability to show aggression? Violence towards self, violence towards others, self-harm, suicidal thoughts, addiction ? How are they in their own skin?		
Teens- are they sexually active? Teens - Independence? Teens - Horror movies?		
What sort of person would your child describe themselves as?		
What are your child's strength ?		

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

<p>Aims for Parents/Guardians</p>		
<p>Aims for Child/Adolescent</p>		

Parent/Guardian Reviews

<p>First Parent/Guardian Review</p> <p>Date:</p> <p>Who attended:</p> <p>Number of sessions completed:</p>	<p>Notes:</p>
<p>Second Parent/Guardian Review</p> <p>Date:</p> <p>Who attended:</p> <p>Number of sessions completed:</p>	<p>Notes:</p>
<p>Third Parent/Guardian Review</p> <p>Date:</p> <p>Who attended:</p> <p>Number of sessions completed:</p>	<p>Notes:</p>