



CONFIDENTIAL

TOTB REF. No:

Counselling Referral Form

Please fully complete the form then return to:

By Post: **THE OPEN TOY BOX, Corner Lodge, 31 Grove Gardens, Tring, Hertfordshire HP23 5PX**

By email: **playtherapy@theopentoybox.co.uk**

Client's Name:	DOB:	Gender: Male Female
Ethnicity:	Who is funding your session? Name & Address:	
Home Address:		
Telephone:	Telephone:	
Email Address:	Email Address:	
Client's GP Contact Details:	Medication:	
Telephone:		

Family Status: Both Parents Lone Parent Step Carer	Children:
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Referrer's Name: <i>(If applicable)</i>
Agency/Organisation: <i>(If applicable)</i>
Agency/Organisation Address:
Telephone:



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Reason for Referral

(Please provide us with full details to enable us to have an understanding as to your concerns and reason for referral-use separate sheets if required)

Please describe your concerns or reasons for wanting to receive support from us:

Signed Date.....

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*Working with children,
adolescents, adults and families.*

The Open Toy Box
...making a difference!