



CONFIDENTIAL

TOTB REF. No:

# Therapeutic Life Story Work

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](mailto:playtherapy@theopentoybox.co.uk)

Child's Name:	DOB:	Gender: Male    Female
Parent(s)/Carer's Name:	Referrer's Name*:	
Child's Home Address:	Referrer's Address:	
Home Telephone:	Telephone:	
Mobile Number:	E-mail:	

Family Status: Both Parents    Lone Parent    Step    Carer    (e.g. Foster Carer, Grandparent)
Is the child subject to a <b>Child Protection Plan</b> ?    Yes    No    Please state Category:
Is the child a ' <b>Looked After Child</b> '?    Yes    No    Type of Placement:

Child's School Name & Address:	Teacher's Name:
	Child's School Year:
Telephone Number:	School's E-mail:
EP:                      Yes    No	Name:
LSA:                     Yes    No	Name:
Behaviour Support:    Yes    No	Name:

**\*Do we send our monthly Invoice to the Referrer's above address/contact?**    Yes    No  
*If NO, please provide Contact Name, Address and E-mail details as to where the Invoice is to be sent:*

**OFFICE USE ONLY: Invoice Details Confirmed with Referrer:**    Yes    No



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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 the behaviour(s) that concerns you:

What do you think is the cause of the behaviour?

What four things do you hope will happen as a result of seeing the Play Therapist/Counsellor?

Signed ..... Date.....

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

**The Open Toy Box**  
*...making a difference!*