



**CURA-CARE YORKSHIRE LTD**

**REFERRAL & ESSENTIAL INFORMATION for ART THERAPY**

**Personal Information**

\*CYP = Child or Young person

Full Name:	
Preferred name / likes to be known as:	
Date of Birth:	
Current age:	
Gender (that you/CYP* identifies as):	
Address:	
Next of Kin:	
Contact Tel. Number: (Parent or guardian if under 18)	
Email address: (Parent or Guardian if under 18)	

**Professional agencies details (where applicable)**

Which school is the CYP on role at?	
Are you currently in work?	
GP details	
CAMHS worker	
Other mental health professional	
Social worker	
Other professional	



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**Person specific details**

Why do you feel Art Therapy will benefit you/your CYP at this time?

What would you like to gain (hoped outcomes) from you/your CYP attending Art therapy?



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What are your main areas of concern / main concerns the CYP has?

How do these concerns impact on yours/your CYP's daily life?



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Please tell us a little more about you / your CYP's emotional wellbeing. Please put a tick in the box if you feel any of the following are areas for worry or concern, aren't a worry or concern, or you are not sure, but they might be an area for worry or concern.

	Yes	No	?
School/college attendance			
Work attendance			
Attending appointments			
Social outings			
Suicidal thoughts			
Panic attacks			
Eating and food issues			
Engaging in activities			
Sleep problems			
Communication			
Drug use			
Alcohol use			
Social media usage			
Gang involvement			
Sexual behaviours			
Having friends			
Self-Harming			
Cruelty to animals			
Extreme mood changes			
Other:			





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<p>Have you / your CYP had any formal diagnosis made medically? (i.e. depression or anxiety)</p>	<p>Please list conditions diagnosed:</p>
<p>Are you / your CYP taking any medication currently?</p>	<p>Yes/No Please list medications and purposes for taking:</p>
<p>Are you / your CYP currently receiving any other treatment such as counselling / therapy etc?</p>	<p>Please provide details</p>
<p>Do you / your CYP have any other physical concerns that we should be aware of?</p>	



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### Risks and Safety

Please indicate if there are risks in any of the following areas so that we can ensure a safe environment during attendance at the project – (A further risk assessment will be created for each concern raised)					
Drug use		Alcohol use		Bullying	
Running away		Sexual behaviour		Weapons	
Racist attitudes		Physical aggression		Verbal aggression	
Arson		Theft		Food issues	
Damage to property		Self-harm		Radicalisation	
CSE (child sexual exploitation)		Inappropriate language			
<b>OTHER</b> – please state:					

If you / your CYP are upset – how are you / they best comforted and reassured?	
Who is the best person to contact if you / your CYP wish to leave the project in a hurry?	
Do you / your CYP have any equipment you / they will need for reassurance?	
Are there any other known barriers to learning / risks that we should know about?	



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**Learning needs**

Do you / your CYP have any learning disabilities or difficulties?
Can you / your CYP person read & write?
Do you / your CYP have any requirements such as large print/coloured paper?
Is there anything else you think we need to know to enable us to support full participation in Art Therapy?

**Please Sign & Date:**

	Sign	Date
Trainee Art Therapist:		
Service User:		
Parent/carer:		
Any other person:		



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