## REFERRAL FORM

## Sligo Arts Psychotherapy Centre

Name Date of Birth	CLIENTS DETAILS		REFERRER'S DETAILS	
Address  Phone  DETAILS  Reason for Referral  Previous theraputic interventions / referrals to therapy  Other Agencies involved (please give details)  Risk Assessment High   Medium   Low   Nature of risk:  Signed	Name		Name	
Phone  DETAILS  Reason for Referral  Previous theraputic interventions / referrals to therapy  Other Agencies involved (please give details)  Risk Assessment High   Medium   Low   Nature of risk:  Signed Date //	Date of Birth /	/ Male □ Female □	Organisation	
DETAILS  Reason for Referral  Previous theraputic interventions / referrals to therapy  Other Agencies involved (please give details)  Risk Assessment High   Medium   Low   Nature of risk:	Address		Address	
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interventions / referrals to therapy  Other Agencies involved (please give details)  Risk Assessment High   Medium   Low   Nature of risk:  Signed	Previous theraputic			
(please give details)   Risk Assessment High	interventions / referrals			
(please give details)   Risk Assessment High				
(please give details)   Risk Assessment High	Other Agencies involved			
Signed	(please give details)			
Signed				
(Internal use only) Initial Action taken by Art Psychotherapist:	Risk Assessment	High □ Medium □ Low □	Nature of risk:	
(Internal use only) Initial Action taken by Art Psychotherapist:				
(Internal use only) Initial Action taken by Art Psychotherapist:	Cianad		Data	
	oigned		Date	
	(Internal use only) Initial Action	n taken by Art Psychotherapist:		/ /

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