

# Referral Form



## Client details

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## Emergency contact/ legal guardian details

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I accept that my therapist will contact this person if there are any concerns about my health or safety (this is compulsory for ethical reasons)-

Is this person my legal guardian? (under 16s and those who are under guardianship should put that persons details)-

Yes

No

# Referral Form



**Reason for Referral (as much as you want to say)**