A picture containing drawing

Description automatically generated

Therapeutic Play Appointment Form

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Age |  | Today’s Date |  |

|  |  |
| --- | --- |
| Parent/Carer Name |  |
| Phone |  |
| Email |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Living Situation (please tick one) | | |  |  |  | |  |  | |  |  |  |  |  |
| At home with Mum & Dad | | | |  | Shared custody | |  | |
| At home with Mum | | | |  | Living with Relative |  |  | |
| At home with Dad | | | |  | Living in Care Part-time | |  | |
|  |  |  |  |  | Living in Care Full-time | |  | |

|  |  |
| --- | --- |
| Does your child understand why they will be coming for play therapy? | **Yes/No** |
| Is your child happy to receive counselling? | **Yes/No** |
| Have you downloaded our child friendly form | **Yes/No** |

|  |
| --- |
| Please give a brief outline of your concerns |
|  |

|  |  |
| --- | --- |
| School |  |

Please X the main issues affecting this child

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parental Separation |  | Self-Harm |  | Living in Care |  |
| Bereavement |  | Abuse in the Family |  | School Attendance |  |
| Chaotic Family Life |  | Abuse (of any kind) |  | Low Self-Esteem/Resilience |  |
| Sexuality |  | Parental Drug/Alcohol Use |  | Drug/Alcohol use |  |
| Low Mood |  | Anxiety |  | Loss |  |
| Young Carer |  | Attachment Issues |  | Can’t Regulate Emotions |  |
| Isolation / Loneliness |  | Neglect |  | Conflict (of any kind) |  |
| Bullying |  | Exam Stress |  | Other |  |

Face-to-face Counselling at our office in Rosyth

It helps us to know your availability during the week. There is greater availability during the day and weekends.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-6pm) |  |
| Tuesday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-6pm) |  |
| Wednesday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-6pm) |  |
| Thursday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-6pm) |  |
| Friday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  | Evening (4.30-6pm) |  |
| Saturday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  |  |  |
| Sunday | Morning (9am – 12pm) |  | Afternoon (12.30 3.30pm) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| COST | | | |
| Qualified Counsellor (each session lasts 40 minutes) | £50 per session |  |

|  |  |  |
| --- | --- | --- |
| Who else has your child seen or is waiting to see? (please put X in box) | | |
| Educational Psychologist |  |
| CAMHS |  |
| Other (Please state) |  |
| Social Worker |  |

|  |  |  |
| --- | --- | --- |
| Has your child received any formal diagnosis from their GP or other medical professionals? | **Y/N** | |
| If yes please give details | |
|  | |

|  |  |
| --- | --- |
| Cost of initial parent meeting is £20 for half an hour (On Zoom) |  |

How did you hear about our service? (please tick)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Word of mouth |  | Website |  | Facebook |  | GP Surgery |  |

In line with GDPR we must inform you that the information we hold on your child will be the following:

* This Appointment Request Form
* Counsellors session notes
* If we have any concerns regarding your child’s safety, we will notify you and perhaps raise a letter of concern form that could be passed to your GP, the school, social work or the police. You will be given a copy of this form
* If your child is 14+ the counsellor may request their mobile number and give out theirs so that your child can be reminded of appointments and can contact their counsellor if they have deep concerns or need to cancel an appointment. Their number will be deleted as soon as their counselling comes to an end.
* Our organisation must keep client files until a child turns 18 years of age. Three months after this date the files will be destroyed.

|  |  |
| --- | --- |
| Are you happy with the above? | **Yes / No** |

To encrypt this document for secure emailing, click ‘File’ (top left), ‘Info’ (4th down from left), ‘Protect Document’ (box to the right of info), ‘encrypt with password’ (second down).

Type in your surname as password.

Please return this form to [enquiries@thewellbeingacademy.co.uk](mailto:enquiries@thewellbeinacademy.co.uk)

ALSO PLEASE CHECK YOUR JUNK EMAIL IF YOU HAVE NOT HEARD FROM US AFTER 1 WEEK.

Thank you