**SELF-REFERRAL FORM**

**On completion please return this form marked PRIVATE & CONFIDENTIAL to:**

Pony Partnerships CIC

84 Cheal Close

Shardlow

Derby

DE72 2DY

info@ponypartnerships.com

**Client Details**

**1 Contact details**

|  |  |
| --- | --- |
| Name:  |  |
| Preferred Name: |  |
| DOB/Age: |  |
| Address: |  |
| Tel No: |  |
| Gender: |  |
| Preferred pronoun: |  |
| Ethnic Origin: |  |
| Religion: |  |

* 1. **Emergency contact**

**In the case of an emergency please provide contact details below**

|  |
| --- |
| Name: |
| Relationship to Client: |
| Contact details: |

**2 Carer details (if applicable)**

|  |
| --- |
| Name:  |
| Relationship to client: |
| Address: |
| Tel No: |
| Emergency Contact details: |
|  |  |  |

**3 Family Details**

Please supply details of your family and any legal information felt relevant, Inc:

|  |  |
| --- | --- |
| Ethnic Origin: | Religion:  |

|  |
| --- |
|  |

**4. Employment Details**

What best describes your current employment situation (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full time |  | Sessional |  | On sick leave from work |  |
| Part time |  | Unemployed (seeking work) |  | Unemployed (long term sick) |  |
| Education |  | Other (please specify) |  |  |

Please give further details below:

|  |
| --- |
|  |

**5 Other Services**

Please give details of any other services involved in the client’s care that will benefit from the information gained during this therapeutic programme and confirm consent to share relevant information:

|  |
| --- |
|  |

Consent agreed:

|  |  |
| --- | --- |
| Client Signature: |  |
| Print name: |  |

|  |  |
| --- | --- |
| Signature: |  |
| Print name: |  |
| Agency: |  |

|  |  |
| --- | --- |
| Signature: |  |
| Print name: |  |
| Agency: |  |

|  |  |
| --- | --- |
| Signature: |  |
| Print name: |  |
| Agency: |  |

**6. Client’s Background History:**

To conform to our health & safety, safeguarding and risk assessment policies, we appreciate your sharing information in the following areas:

Any other concerns (please attach separate sheet if required)

**Educational History:**

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| --- |
|  |

**Substance/Alcohol Misuse History:**

|  |
| --- |
|  |

**Medical issues and current medication:**

|  |
| --- |
|  |

**Family situation:**

|  |
| --- |
|  |

**Living situation:**

|  |
| --- |
|  |

**Current legal proceedings:**

|  |
| --- |
|  |

**Offending history:**

|  |
| --- |
|  |

**Potential trigger factors:**

|  |
| --- |
|  |

**Risks:**

|  |
| --- |
|  |

**Strengths:**

|  |
| --- |
|  |

**Current coping strategies:**

|  |
| --- |
|  |

**Previous therapeutic engagement:**

|  |
| --- |
|  |

**Further information you would like us to consider:**

|  |
| --- |
|  |

**7. Further therapeutic details:**

Please explain why you are referring yourself:

|  |
| --- |
|  |

What are your future plans?

|  |
| --- |
|  |

What would you like to get from the therapy programme?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Signature of client: |  |
| Date: |  |