

REFERRAL FORM

Horses for Good

The Laurels
277 Bedford Road
Rushden NN10 0SQ
07901 700 193 - info@horsesforgood.org.uk - www.horsesforgood.org.uk



REFERRAL SOURCE INFORMATION	
REFERRAL SOURCE	<input type="checkbox"/> Parent/Guardian
	<input type="checkbox"/> School
	<input type="checkbox"/> Mental Health Professional
	<input type="checkbox"/> Other, please specify
REFERRAL SOURCE NAME	
ADDRESS	
MOBILE NUMBER	
EMAIL	

CLIENT INFORMATION	
NAME	DATE OF BIRTH
GENDER	
IF UNDER 18, PARENT/CARER NAME	
EMAIL	PHONE
ADDRESS	

NEXT OF KIN INFORMATION (18+ ONLY)	
NAME	
RELATIONSHIP	
MOBILE NUMBER	
PERMISSION TO SPEAK TO MY NEXT OF KIN – TICK AS APPROPRIATE	<input type="checkbox"/> You can only contact my next of kin to confirm my safety
	<input type="checkbox"/> You can discuss all matters relating to my safety and my sessions with my next of kin

PHYSICAL HEALTH
Please include any relevant information including current and historical experiences, diagnoses and allergies.

MENTAL HEALTH

Please include any relevant information including current and historical experiences and diagnoses.

ACCESS NEEDS

Please include any needs around physically accessing the space, including getting to and from the stables, fields, arena and interacting with the horses.

SUPPORT NEEDS

Please include any support, SEND and/or additional learning needs which will help us to understand how best to facilitate sessions. Please also include contact details for the participant's SENCO (if school age).

SAFETY NEEDS

Please include any information around psychological and physical safety needs that are relevant to accessing sessions.

GOAL SETTINGS

Please list what you would like to achieve from the sessions.

- 1.
- 2.
- 3.