

Functional Family Therapy Referral Form 2012

Confidential and without Prejudice

Note: Please read the enclosed guidelines for making a referral for Functional Family Therapy. Please ensure all relevant sections are completed. Some information might not be available, or the referring agency might not have access to all types of information or the consent to release it. Please mark these sections with an 'X'.

Date when completing form: _____

Section One

Details of youth

Name of youth:	
Current Address:	
Phone Number:	Mobile Number:
Date of Birth:	Age:
Male:	Female:
Nationality:	

Background Information

Name of Mother:
Address:
Phone Number:
Mobile Number:
Name of Father:
Address(if different from above)
Phone number:
Mobile Number:
Name of Legal Guardian:
Address:
Phone Number:
Mobile Number:

Referrer Details:

Name of Person Referring:
Job Title:
Address of Organisation:
Phone number & Times of availability:
Email address:
Relationship with the Family:

Section Two

Reasons for referral: (Presenting problem)

Section Three

Is there any other significant information, which you as a professional feel should be included on this form (e.g. problems at home or at school, behavioral management and emotional trauma such as bereavement?)

Please Describe

Has the young person ever been referred to any other agency or service? If possible, please include any reports and/or evaluations completed that pertain to the referred youth.

Please forward all referrals to

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