

- 1) Your child's full name
- 2) Your child's date of birth:
- 3) Your full name:
- 4) Your phone Number:
- 5) Email address:
- 6) Your child's home address:
- 7) Does anyone else have Parental Responsibility for your child you are referring to our service?

YES / NO

If yes, please answer the next 3 questions (7a, b & c). We will need to check they consent to the referral to Forward Thinking.

- a. Name of other person with Parental Responsibility for your child:
- b. Email for of other person with Parental Responsibility for your child:
- c. Are they aware of the referral to our service?

YES / NO

- 8) Emergency contact name & number:
- 9) GP Name (if known):
- 10) Name / address of GP surgery:
- 11) Name of your child's school / college (where applicable):
- 12) School Year:
- 13) Any known allergies for your child?
- 14) YES / NO
 - a. If yes, please provide details below, including whether they carry an EpiPen or equivalent.
- 15) Please let us know the names and contact details of any other professionals currently working with your child (e.g. Paediatrician; Psychiatrist; SLT; Social Worker; Educational Psychologist etc):
- 16) If you are self-funding our services, please let us know the name of the person to whom we should address invoices. If their contact details are not above, please provide them below.
- 17) If you want us to claim costs through Health Insurance, please let us know:

- a. The name of your Health Insurance Provider:

- b. Health Insurance Membership number:

- c. Health Insurance Authorisation Code:

Please return to:

hello@weareforwardthinking.co.uk

or post to:

Forward Thinking
The Whitehouse
Thornhill Road
Southampton
SO16 7AY

Many thanks for completing this form