Serenity
Holistic
Wellness
Mental Health & Wellbeing Service

Client Self-referral and Information

Upon completion, please forward to: serenity.holisticwellness.wa@gmail.com

1) Which service are you seeking referral to:

☐ Equine Assisted Psychotherapy 1:1

☐ EMDR

Name: _____ D.O.B: ____/____/_____ Age: _____
Address: _____ Postcode: _____
Mobile:_____

Email address: _____

School & Grade/ place of work/study: _____
Emergency contact (name / relationship): _____
Mobile: _____

Indigenous / Cultural Identity:_____

Preferred pronouns:_____

2) Please describe your/ your child's horse experience if appropriate (clients do not need to have horse experience, leave blank if not applicable):

_____
_____
_____

3) What are some of the challenges (educational, social, physical, psychological etc.) impacting you / your child currently?

_____
_____
_____
_____

4) Please describe two of your / your child's strengths, difficulties, and interests:

Strengths: _____
Difficulties: _____
Interests: _____

5) What are your reasons for seeking treatment, what are your goals in coming (or referring) to our service?

_____
_____
_____
_____

6) What are your expectations for seeking treatment?

_____
_____
_____
_____

7) Have you engaged in any equine or animal assisted therapies before? If so, what did you do, when and what did you find most helpful / were there any recommendations or follow up suggestions?

_____
_____
_____

8) Please tick any health conditions that apply to you/ your child:

☐ Allergic Reactions

☐ Asthma

☐ Epilepsy/ Fits

☐ Fainting / dizziness / blackouts

☐ Disorder/ Disability

☐ Injury

☐ Migraines

☐ Blood or Heart Condition

☐ Pregnancy

☐ Other Please describe condition/s ticked:

_____
_____
_____

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By signing below, you are confirming that all the above details are correct and consenting to us contacting the emergency contact person, in the event of any emergencies and / or if we (the staff at Serenity Holistic Wellness) become concerned about your wellbeing and / or believe it is in your best interests for your emergency contact person to be informed or to collect you from the property. We will always discuss with you first if we are concerned about your wellbeing.

Name:_____

Signature:_____ **Date**:_____