|  |  |
| --- | --- |
| Name of Family | Ages of each family member |
| Please delete or circle to indicate which service you are referring for: |
| Elysian Education Provision - This may involve an additional enrolment form (admission process)Education Other Than At School Placement (EOTAS) If so – how many sessions/days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Therapeutic Placement (Therapeutic work experience) If so – how many sessions/days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapy (which are usually weekly 50min sessions, this also includes (OT) Occupational Therapy)Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please include EHCP and relevant assessments in all referrals |
| Name of referrer |  | Role/Relationship to Family |  |
| Email |  | Phone |  | Mobile |  |
| Address |  |
|  |
| Parent/Carer name(s) |  | Address |  |
| Email |  | Phone |  | Mobile |  |
| Parent/Carer name(s) |  | Address |  |  |  |
| Email |  | Phone |  | Mobile |  |
| GP Details |  | Phone |  |
| ABOUT THE FAMILYPlease outline the reasons for referral to Elysian. We would like to hear about the background, the positives, the likes and dislikes, the particular needs and any current challenges, and what the family is currently accessing. |
|  |
| If you were to outline the outcomes you, the family are hoping for in three separate goals for them at Elysian, what would they be? | 1.)2.)3.) |
| Please can you outline anyknown risks |  |
| Has the familygot a social worker? If so, please give details(details for social workerand current involvement/intervention, e.g. CIN/CP etc) |  |
| Please can you outline any medical needs, includingcurrent medication, allergiesor significant medical historywe need to be aware of |  |
| Is there anything else thatwe should know? |  |
| Please complete and send to refer@elysianuk.orgIf you have any queries or questions you can also call the office on 01483 898517. |